

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05-50012830R

IMPROVEMENT PERMIT 22304

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Renee & Sherman Fulmer New Installation Septic Tank Repair

Property Location: SR# 1117 Nitrification Line Expansion

Subdivision Woodbine Lot # 11

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (existing) 360 gpd Lot Size: .54 Ac

Basement with Plumbing: Garage: Pool was installed without proper permits.

Water Supply: Well Public Community This is to correct setback problems with pool

Distance From Well: _____ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

Size of tank: Septic Tank: existing gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches Add 1 ft. of each ditch 100 ft. ditches 3 ft. ditches 18 in.

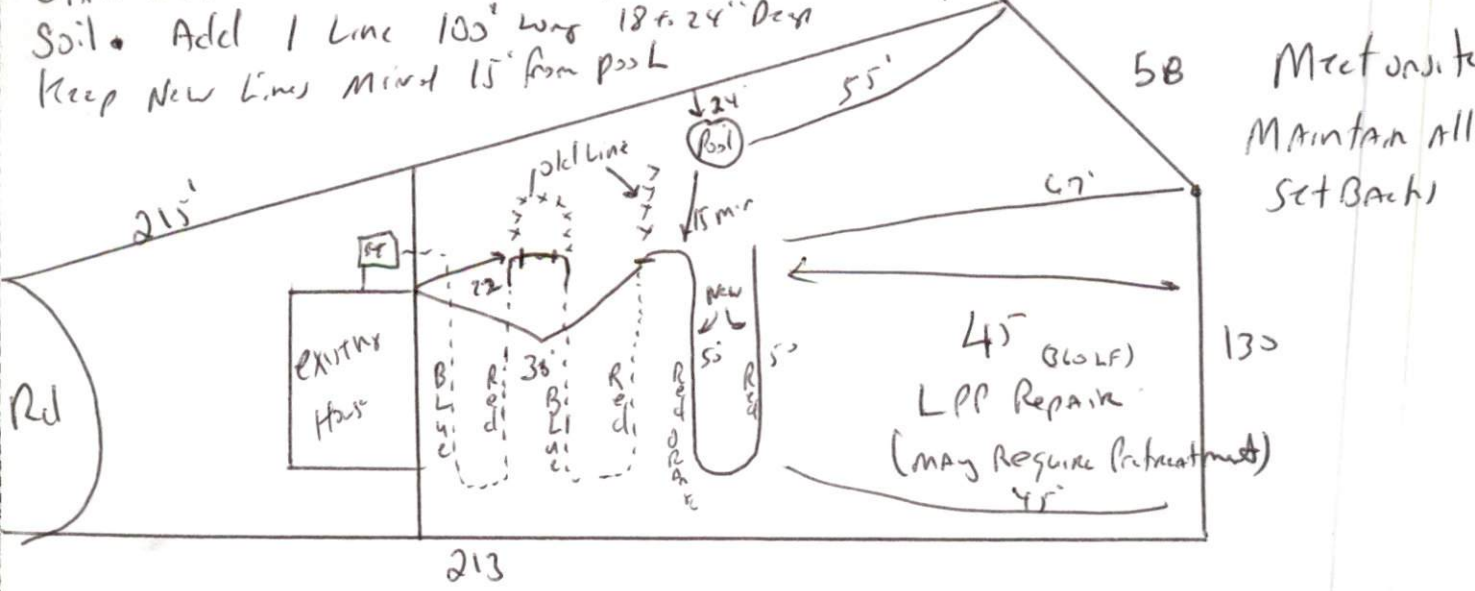
French Drain Required: _____ Linear feet

Date: 9-28-05

This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

MUST meet onsite for Final layout
Dam off old lines by compacting
soil. Add 1 line 100' long 18x24" Day
Keep New Lines Min 15' from Pool

Signed: Joe W. [Signature]
Environmental Health Specialist



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22304. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. *This authorization will be invalid if ownership, site plans, or intended use change.*

Renee Sherman F-1122

Name

Telephone #

Address

1117

Property Location SR#

Road Name

Woodbine

11

3 (existing) 500 gal

1540

Subdivision

Lot #

Bedrooms Proposed

Lot Size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 existing gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field _____ Length of lines _____ Ft.

Width of ditches 3 ft. Depth of ditches _____ inches

French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.

Joe West RS

Signature of Authorized Agent for Harnett County

9/28/2005

Date