

03-5-5467

HARNETT COUNTY HEALTH DEPARTMENT

No 19655

IMPROVEMENT PERMIT

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) HAL OWEN

New Installation Septic Tank

Property Location: SR# 1418 RIVER RD

Repairs Nitrification Line

Subdivision CAPTAINS LANDING Lot # 23

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 30x30 STORAGE BLDG. Lot Size: .63AC

Basement with Plumbing: Garage:
(SYSTEM BEING SIZED FOR 3 BEDROOMS AT REQUEST OF APPLICANT)

Water Supply: Well Public Community

Distance From Well: 100 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: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of 1 exact length 400 width of 3 depth of 18 in.
ditches of each ditch ft. ditches in.

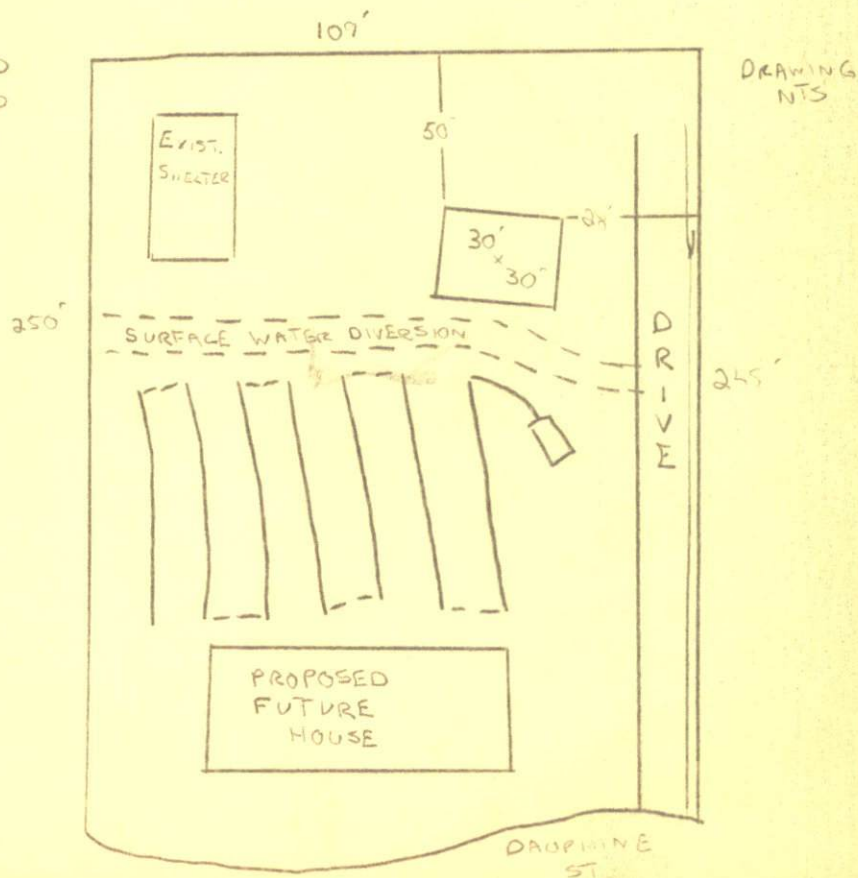
French Drain Required: _____ Linear feet

Date: 9/23/02

This permit is subject to revocation if site plans or intended use change.

Signed: OLIVER TOLKSDORF
Environmental Health Specialist

- * MAINTAIN ALL SETBACKS
- * SEPTIC TANK MAY BE ORIENTED IN ANY DIRECTION AS AGREED ON BY APPLICANT
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19655. 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.

HAL OWEN 910-893-5806
Name Telephone #
201 OLD COATS RD LIZZINGTON NC 27546
Address
1418 RIVER RD
Property Location SR# Road Name
CAPTAINS LANDING 23 3 .63 AC
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 - Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber _____

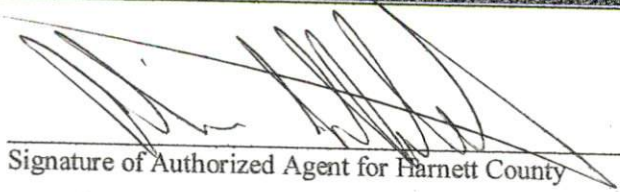
NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 2 Length of lines 400 Ft.

Width of ditches 3 ft. Depth of ditches 18 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.


Signature of Authorized Agent for Harnett County

9/23/02
Date