

No 19309

Name: (owner) STANTON L LANE II

☒ New Installation ☒ Septic TankProperty Location: SR# HWY 92

Repairs

☒ Nitrification Line

Subdivision DIXIE Tatum + Meldred

Lot # 2

Tax ID #.

Quadrant #

Number of Bedrooms Proposed: 4

Lot Size: 2.99

Basement with Plumbing:

Garage: ☐

Water Supply: ☐ Well ☒ Public

Community

Distance From Well: 50 ft.

Type of system: ☒ Conventional

☒ Other 25% Reduction System

Size of tank: Septic Tank: 1200 gallons

Pump Tank: _____ gallons

Subsurface Drainage Field

No. of

exact length

106

width of

depth of

Drainage Field

ditches

of each ditch

133

ditches

ditches //

18-20 in

French Drain Required: 1 Linear feet

Date: 7-15-03

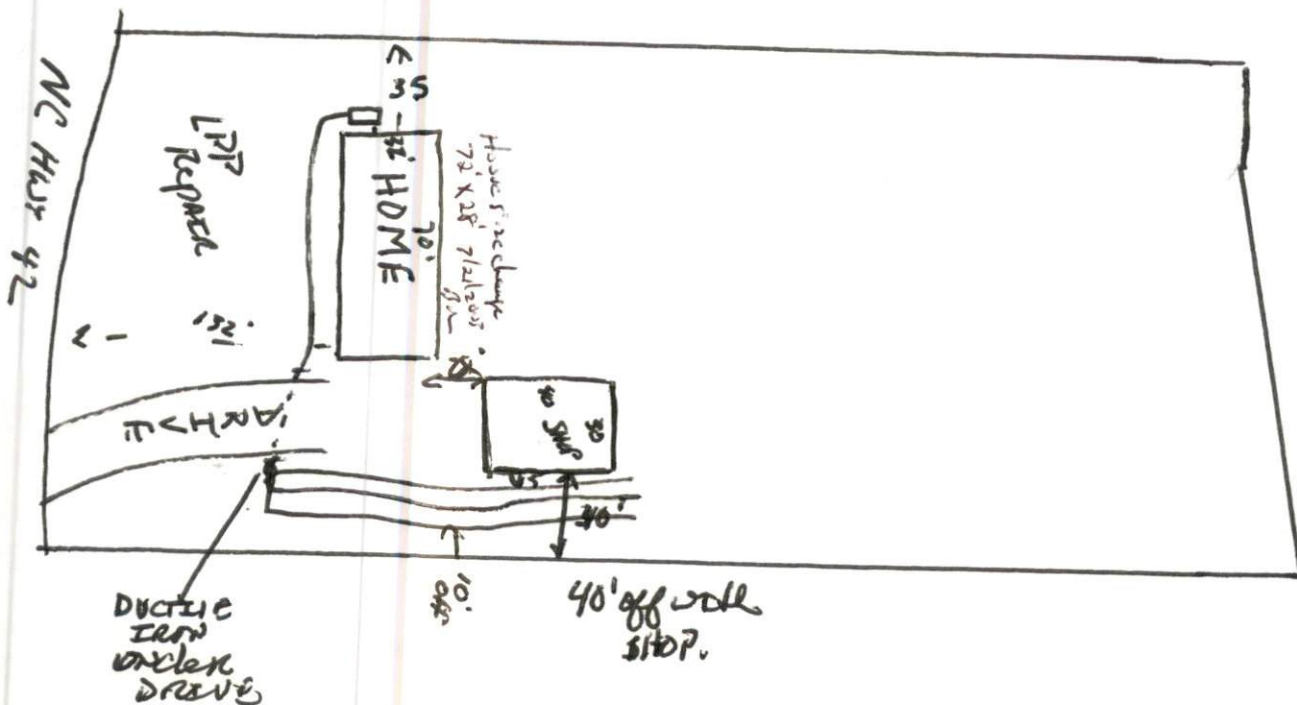
This permit is subject to revocation if site plans or intended use change.

Signed:

Environmental Health Specialist

* Contractor to meet
ON SITE prior to
Installation!

* Setbacks Had to BE CHANGED!
TAKE NOTE - MOVE ON PLACE HOME
where specified or permit issued!



HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

03-5-7424 mod
03-5-7425 SHOP

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19309. 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.

Name Stanley L Lane II Telephone# 919-557-9804
Address 201 N. Allen St F.V. N.C. 27526
Property Location SR# Hwy 42 Road Name Hwy 42
Subdivision _____ Lot # 2 # Bedrooms Proposed 4 Lot Size 2.99 ac

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: _____ Ft.
Septic Tank 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 133 Ft.
Width of ditches 3 ft. Depth of ditches 18-20 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.

James E. Marhamt
Signature of Authorized Agent for Harnett County of Harnett

7-15-03
Date