

HARNETT COUNTY HEALTH DEPARTMENT

HTE 05-5-11383

IMPROVEMENT PERMIT

21638

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) Mark Blalock ☒ New Installation ☒ Septic Tank
Property Location: SR# 1542 OLD BUDS CREEK RD ☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: _____ Lot Size: 1.20 acre

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: 50' 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

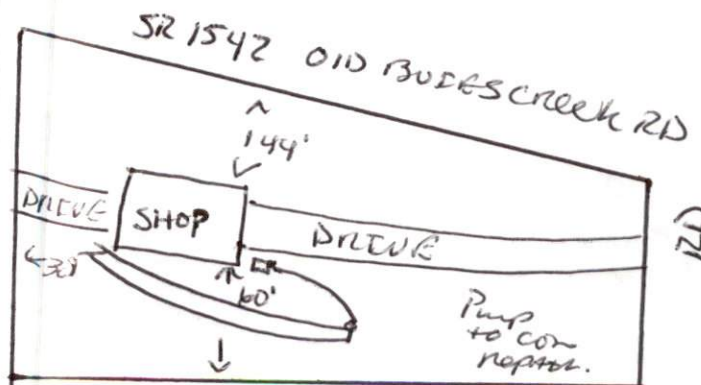
Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 100 ft. ditches 3 ft. ditches 18" in.

French Drain Required: - Linear feet

Date: 3-4-05

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

Signed: James E. Markant
Environmental Health Specialist



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21638. 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 Mark Blalock Telephone # 919639-8280

1620 Rawls Church RD Angier N.C. 27501

1542	Old Buies creek
Property Location SR#	Road Name

Subdivision	Lot #	# Bedrooms Proposed	Lot Size
			1.20 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 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 2 Length of lines 100 Ft.

Width of ditches 5 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.

James E. Marshall
Signature of Authorized Agent for Harnett County

3-4-05
Date