

HTE# 06-5-15131**IMPROVEMENT PERMIT** 23113

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) Charlene KIDD New Installation ☐ Septic Tank ☐ Repair ☐Property Location: SR# Hwy 42 Nitrification Line ☐ Expansion ☐

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: SINK + toilet in house Lot Size: 42.27 ac
BARNBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: _____ ft.

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

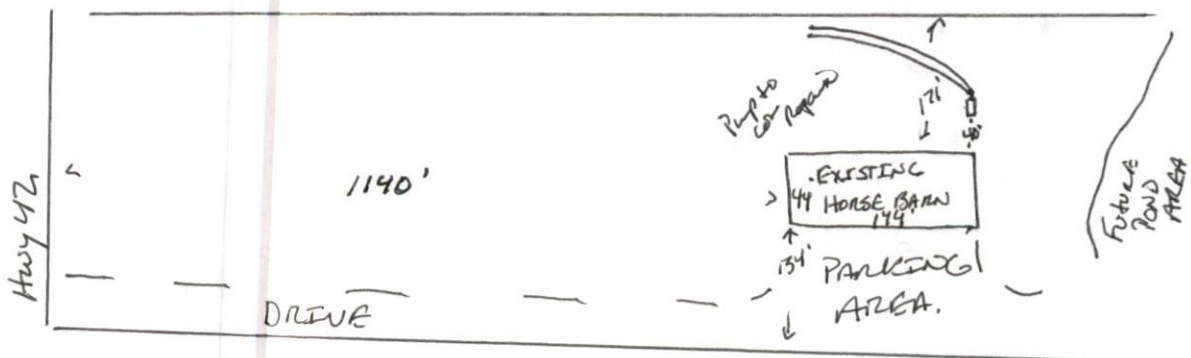
Type of system: ☒ Conventional ☐ Other _____Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface	No. of	exact length	width of	depth of
Drainage Field	ditches	of each ditch	ditches	ditches
	<u>2</u>	<u>100</u>	<u>3</u>	<u>24" max</u>
	ft.	ft.	ft.	in.

French Drain Required: - Linear feetDate: 7-26-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: James E. Markant
Environmental Health Specialist

06-5-15731

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 # 23113. 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.*

CHARLENE KIDD 918-422-6825
Name Telephone #

245 BUCKHORN RD MONCKE N.C. 27559
Address

Hwy 42 42
Property Location/SR# Road Name

Toilet + sink 42.27 acres
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: _____ Ft.

Septic Tank 1600 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

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

Width of ditches 3 ft. Depth of ditches 24" deep 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

7-26-06
Date