

IMPROVEMENT PERMIT

011703

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) Melvin & Geraldine Stewart [X] New Installation [] Septic Tank
Property Location: SR# 2045 [] Repairs [X] Nitrification Line

Subdivision Melvin & Geraldine Stewart Lot #

Tax ID # Quadrant #

Number of Bedrooms Proposed: Flow = 1500 gal/day Lot Size: 2.08 AC

Basement with Plumbing: [] Garage: [] CONVENIENCE STORE = 476

Water Supply: [] Well [] Public [] Community PIZZA carry-out 532

Distance From Well: ft. Deli 400 1488 GAL PER DAY

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

Type of system: [] Conventional [X] Other Pump to Plus 1000(2)

Size of tank: Septic Tank: 3000 gallons Pump Tank: 2000 gallons gallon grease TRAP.

Subsurface Drainage Field No. of ditches 5 exact length 145 ft. width of ditches 3 ft. depth of ditches 18-24 in.

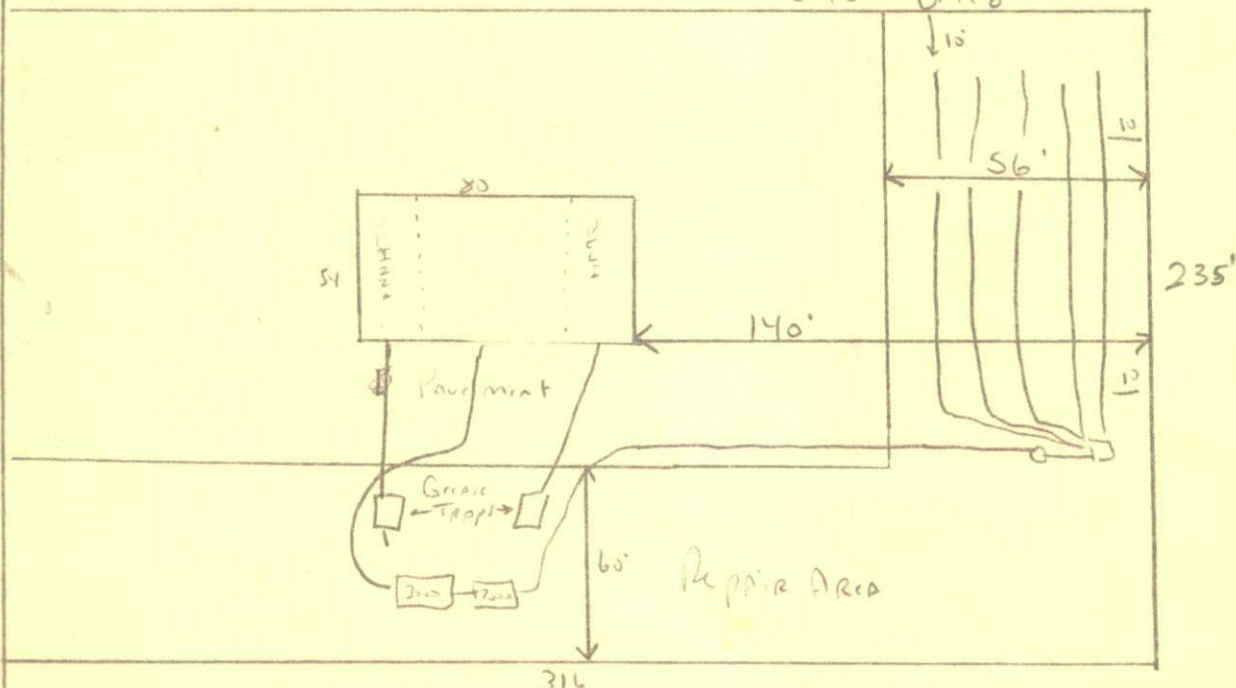
French Drain Required: Linear feet

Date: 7-26-01

This permit is subject to revocation if site plans or intended use change. Signed: [Signature] Environmental Health Specialist

SR 2045

Elliott Br. doc.



2050 Smoky Grove

MUST meet on site Before Installing Must use 2 Dec Boxes must use 2 Grease Traps = 18x24" Ditch Depths MAINTAIN all set BACK Do NOT Drive or park on septic system

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 # 15214. 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.

Owner or Authorized Agent Melvin & Geraldine Stewart

Name: _____ Telephone # 436-2811

Address: _____

Property Location: SR # 2045 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Melvin & Geraldine Stewart Lot # _____

Number of Bedrooms Proposed: 1500 sq/ft/dg Lot size: 2.08 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional _____ Other _____

Tank Volume: Septic Tank 3000 gallons Pump Chamber 200 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 5 Length of lines 145

Width of ditches 3 ft. Depth of ditches 18-24 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.

Authorized Agent for Harnett County Health Department
Name: [Signature] Date: 7-26-21