

00-50000005

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) Leon Walker ☒ New Installation ☒ Septic Tank
 Property Location: SR# 2039 Walker Rd. ☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____
 Tax ID # 12-0546-0104 Quadrant # 0546-22-8582
 Number of Bedrooms Proposed: FOUR Lot Size: _____

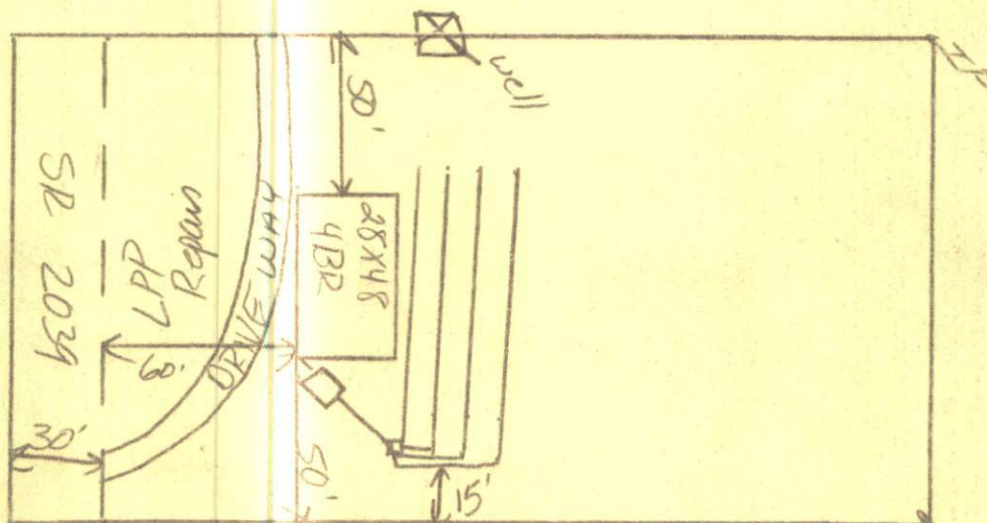
Basement with Plumbing: ☐ Garage: ☐
 Water Supply: ☐ Well ☒ Public ☐ Community
 Distance From Well: 50 ft.

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 Drainage Field No. of 4 exact length 75 width of 3 depth of 18 max
 ditches of each ditch ft. ditches ft. ditches in.
 French Drain Required: _____ Linear feet

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

Date: 29 August 2009
 Signed: Vernon R. Noddy
 Environmental Health Specialist



- well must be properly abandoned
- maintain setbacks -
- 18" ditch depth
- system laid out

HA RNETT 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 # 16346. 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 _____

Name: Leon Walker Telephone # 893-3979

Address: 500 Walker Rd. Bunnlevel NC

Property Location: SR # 2039 Road Name Walker

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: FOUR Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public ☒ Minimum Well Setback: 50 ft.

Type of System: Conventional ☒ Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 75 feet

Width of ditches 3 ft. Depth of ditches 18 max 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: Verneth R. Rudge Date: 29 Aug 1000