

00-50000821

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) Holloway Construction [X] New Installation [X] Septic Tank
Property Location: SR# 1120 [ ] Repairs [X] Nitrification Line

Subdivision Stone Cross Lot # 666

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: Three Lot Size: \_\_\_\_\_

Basement with Plumbing: [ ] Garage: [X]

Water Supply: [ ] Well [X] 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: [X] Conventional [ ] Other \_\_\_\_\_

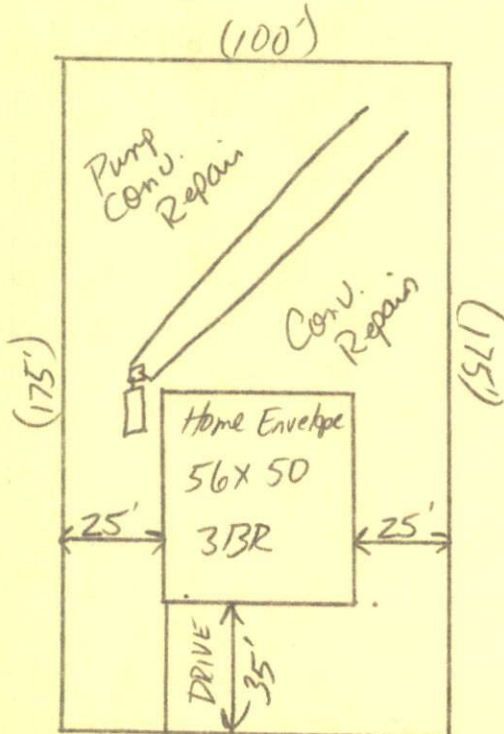
Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 24-30 in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 20 Dec 2000
Signed: Vincent R. Rodgers, Environmental Health Specialist

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



maintain setbacks
install lines on contours
filter & marker required

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 # 16819. 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: Holloway Construction Telephone # 910-2808

Address: 6906 S. Staff Rd. Fay. NC

Property Location: SR # 1120 Road Name Overhills

New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines

Subdivision Stone Cross Lot # 66

Number of Bedrooms Proposed: Three 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 2 Length of lines 75 feet

Width of ditches 3 ft. Depth of ditches 24-30 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: Verment R. Dyer, R.S. Date: 20 Dec 2000