

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) Angela + Mark GASKIN

New Installation

Septic Tank

Property Location: SR# 1516 Sheriff Johnson

Repairs

Nitrification Line

Subdivision Marcus GASKIN

Tax ID # _____ Lot # _____

Number of Bedrooms Proposed: 3

Quadrant # _____

Lot Size: 3.00 acre

Basement 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 Drainage Field: No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 7/8 in.

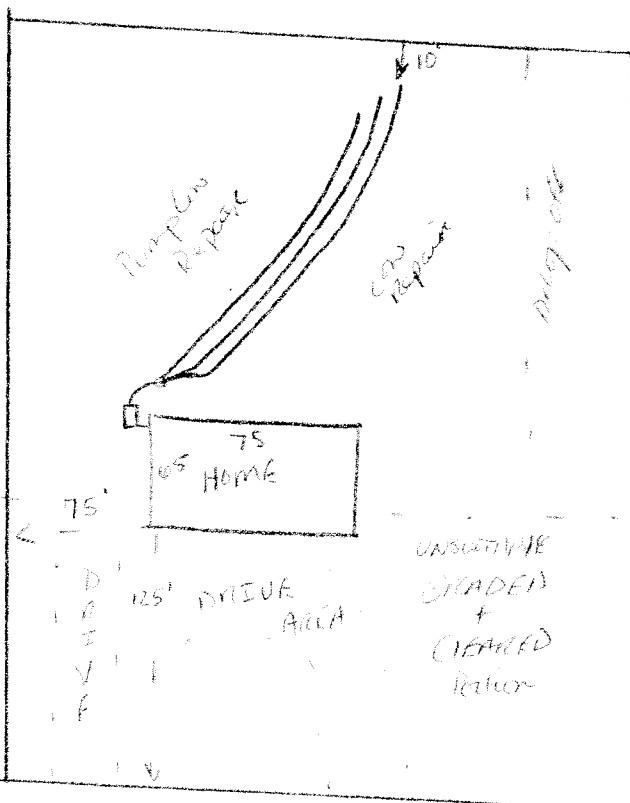
French Drain Required: _____ Linear feet

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

Date: 1-10-01

Signed: James C. Markant III D.S.
Environmental Health Specialist

Maintain all setbacks!



SR-1516 Sheriff Johnson

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

#00-50000919

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16865. 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: ANGELA + MARK GASKIN Telephone # 910-853-8464

Address: 2601 Sheriff Johnson Rd Lillington N.C. 27546

Property Location: SR # 1516 Road Name Sheriff Johnson

New Installation Repair Septic Tank Nitrification Lines

Subdivision MARVIN GASKIN Lot # _____

Number of Bedrooms Proposed: 3 Lot size: 3.00

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 2 Number of Lines per Field 3 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18-20 inches

French Drain: Linear feet required _____ Depth of gravel 2

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: James S. Mahant III Date: 1-10-07

FACTORS		PROFILES								
		1	2	3	4	5	6	7	8	9
LANDSCAPE POSITION	.1940	L	L	L	L					
SLOPE (%)	.1940	9	2	2	2					
HORIZON 1 DEPTH		0-30	0-18							
Texture Group	.1941(A)(1)	SL-CL	SL							
Consistence	.1941	FK	FK							
Structure	.1941(A)(2)	ABK	GL	SAME	SAME					
Mineralogy	.1941(A)(3)	VSP	NSP							
HORIZON 2 DEPTH			18-24							
Texture Group	.1941(A)(1)		SL							
Consistence	.1941		FK							
Structure	.1941(A)(2)		CL							
Mineralogy	.1941(A)(3)		SSP							
HORIZON 3 DEPTH			24-42							
Texture Group	.1941(A)(1)		SL-CL							
Consistence	.1941		FK							
Structure	.1941(A)(2)		ABK							
Mineralogy	.1941(A)(3)		SSP							
HORIZON 4 DEPTH										
Texture Group	.1941(A)(1)									
Consistence	.1941									
Structure	.1941(A)(2)									
Mineralogy	.1941(A)(3)									
SOIL WETNESS	.1942	22	32	36	36					
RESTRICTIVE HORIZON	.1944									
SAPROLITE	.1943/1956									
CLASSIFICATION	.1948	V	P ₂	P ₂	P ₂					
LONG TERM ACCEPTANCE RATE	.1955	.1	.4	.4	.4					

