

IMPROVEMENT PERMIT

01-5-1723

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) DARRELL CHOATE
Property Location: SR# 2046 LAJANEA RD
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (62 x 47) Lot Size: 2.99 AC

Basement with Plumbing: [] Garage: []

Water Supply: [] Well [] Public [] Community []

Distance From Well: 55 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 1 exact length 400 width of 3 depth of 18 max of each ditch ft. ditches ft. ditches in.

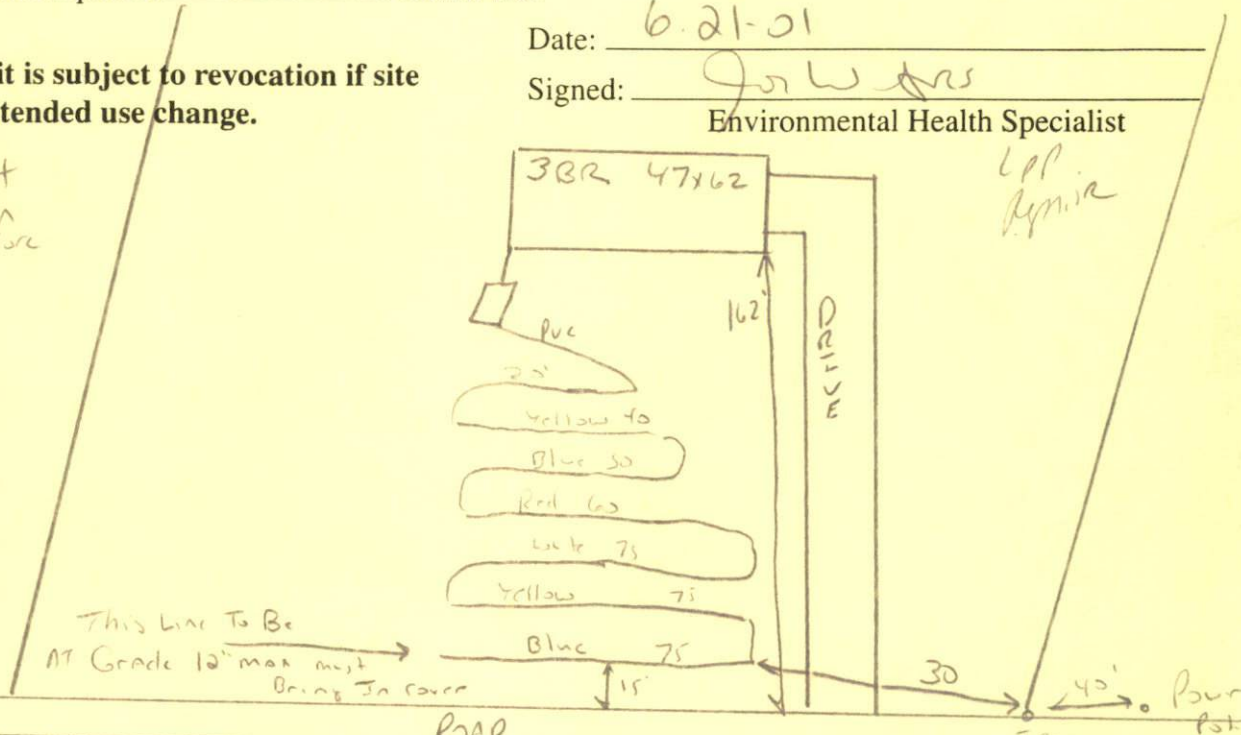
French Drain Required: _____ Linear feet

Date: 6.21.01

Signed: [Signature] Environmental Health Specialist

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

MUST meet on site before installing



STUB out Plumbing shallow 18" max Ditch Depths except for The Last Line which must be Installed at 12" with 8 to 12" of cover brought in 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 # 18352. 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 Darrell Choate

Name: _____ Telephone # 497-8853

Address: _____

Property Location: SR # 2046 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 (6x4) Lot size: 2.95 ac

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank 600 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 400

Width of ditches 3 ft. Depth of ditches 18 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: Joe W. [Signature] Date: 6-21-01