

IMPROVEMENT PERMIT

01-5-2095

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) Howell Edwards

New Installation  Septic Tank

Property Location: SR# 1323

Repairs  Nitrification Line

Subdivision Carolina Seasons Lot # D-12

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

Number of Bedrooms Proposed: 3 (35x50) Lot Size: .6

Basement with Plumbing:  Garage:  Please note changes in house location - Plot Plan must match this permit.

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 Pump to Conventional

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

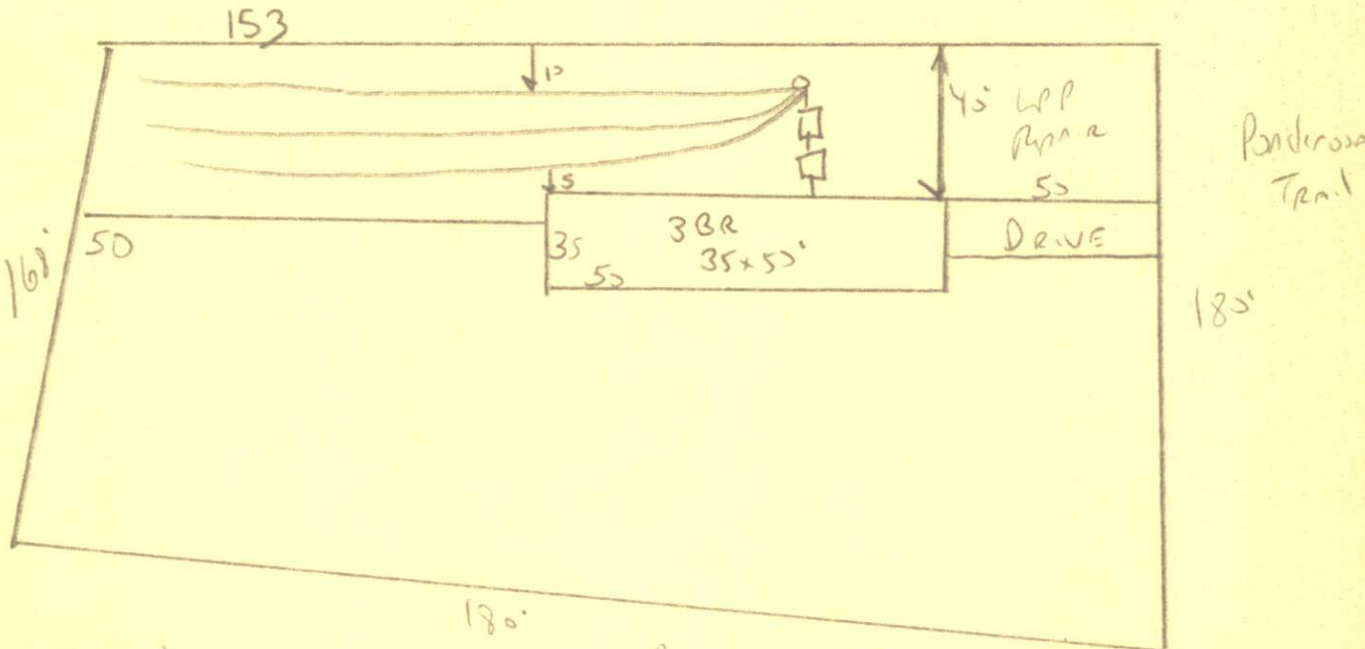
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18" 24" in.

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

Date: 8-5-02

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

Signed: [Signature] Environmental Health Specialist



Meet onsite - may not require pump - stub out plumbing high and shallow as possible - will need to meet onsite before plumbing is stubbed - do not have a permit on septic system. maintain all setbacks

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 # 19557. 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.*

Name Howard Edward Telephone # 910-567-6455

Address \_\_\_\_\_

1323

Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Subdivision Carolina Seasons Lot # 0-12 # Bedrooms Proposed 3(35x50) Lot size .6

TYPE OF SYSTEM

New Installation [ ] Repair  Septic Tank  Nitrification Lines  
 Conventional Other X [ ] Basement [ ] With Plumbing [ ] Without Plumbing

Water Supply: [ ] Well  Public - Minimum Well Setback: 50 Ft.  
Septic Tank 1000 Pump Chamber 1000

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 18-21 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.

Signature of Authorized Agent for Harnett County [Signature] Date 8-5-02