

91-5-2399

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) ROBERT JONES GEN. CON. New Installation Septic Tank
Property Location: SR# US401 Repairs Nitrification Line

Subdivision DONNIBROOK Lot # 12

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .637AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 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 PPBSS

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 30 ft. width of ditches 2 ft. depth of ditches 28 in.

French Drain Required: _____ Linear feet

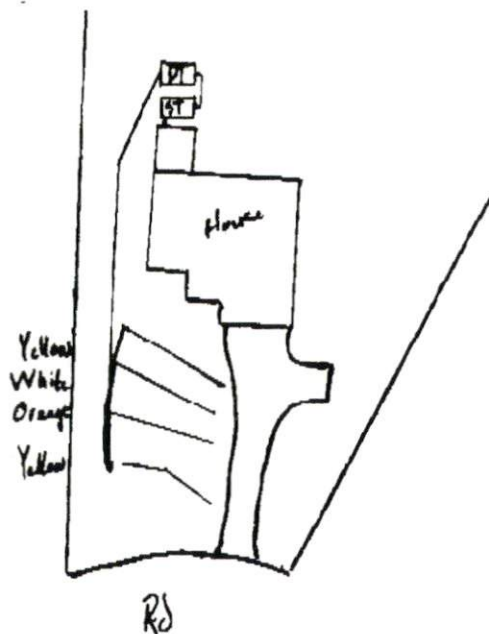
Date: 4/30/02

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

Signed: _____
Environmental Health Specialist

SEE ATTACHED FOR DRAWING AND SPECIFICATIONS

Lot 12 Donnibrook



Lines are 8' on center, 2 1/2" wide

Panels are 16" tall

6" sand underneath panels

12" separation therefore 34" soil depth
with a 4-6" cap

Prefer 28" ditch depth, 40" soil depth

4 lines - 30' T+J Panel

2" sch 40 supply line

28 panels (16") 7 per line

Dose Volume 3.6 gal/panel
100.8 gal

May use D-Box

If pressure manifold is used

4 - 1/2 sch 80 taps @ 1.5' PH

4 x 4.75 gpm = 19 gpm

5.3 minute pump run time

Thomas J. Baya R.S.

ARNETT 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 # 18584 REVISED. 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.*

ROBERT JONES GEN CON. 910-814-0383
Name Telephone #
PO Box 183 BUIES CREEK 27508
Address
401
Property Location SR# Road Name
DONNIBROOK 12 3 .637 AC
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair [Septic Tank Nitrification Lines
[] Conventional Other PUMP TO POLYSTYRENE [] Basement [] With Plumbing [] Without Plumbing
Agg. TRENCH
Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 180 Ft.
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.

[Signature] 11/21/01
Signature of Authorized Agent for Harnett County Date