

IMPROVEMENT PERMIT

01-5-3469

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) Barrett Vannoy Const. New Installation Septic Tank

Property Location: SR# NC 24/27 Repairs Nitrification Line

1/10 mile Past Fralcy Rd Behind 22220

Subdivision _____ Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (32 x 70) Lot Size: .50 ac

Basement with Plumbing: Garage: Please note changes in

Water Supply: Well Public Community house location - house must

Distance From Well: 75' ft. be 65' from front property line

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 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18 max in.

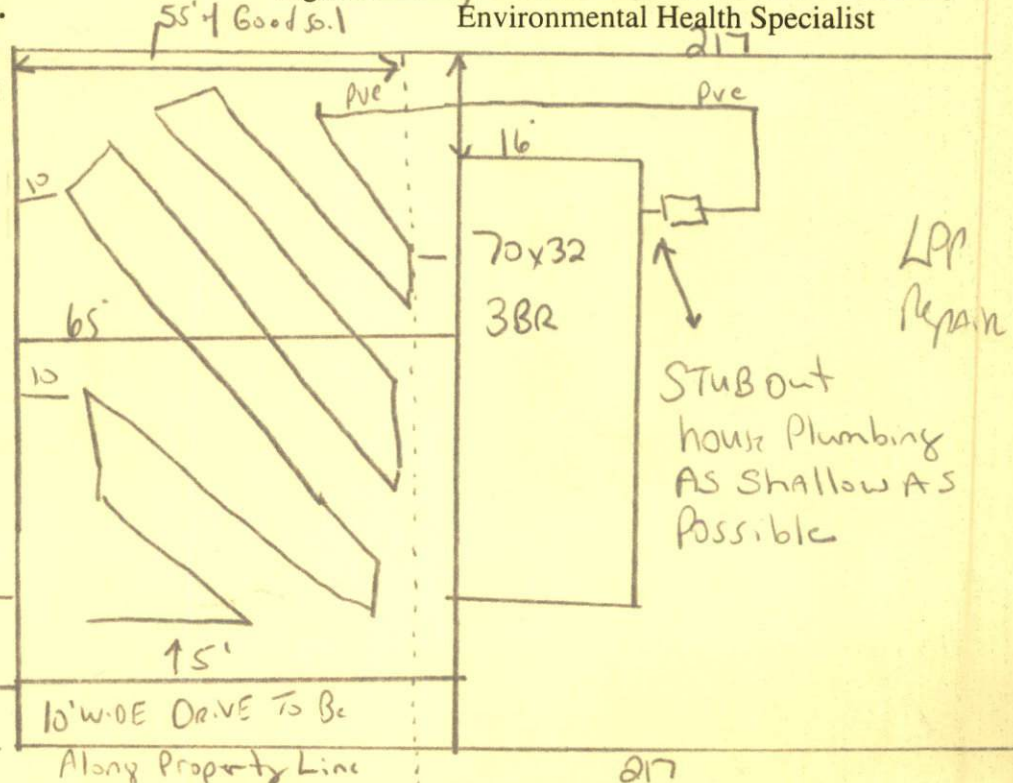
French Drain Required: _____ Linear feet

Date: 12-2-01

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

Signed: For Waters
Environmental Health Specialist

MUST meet onsite before installing septic system for final layout maintain all setbacks Do not Drive or Park on septic system



Stub out house plumbing as shallow as possible

LPP Repair

Well 75'

← TO NC 24/27

keep system min 75' from all wells

Good soil line

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 # 18947. 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 Barrett & Vannoy Cont. Telephone # 910-673-1039

Address Po Box 99 Jackson Springs NC 27281

Property Location SR# NC24/27 Road Name _____

Subdivision _____ Lot # 2 # Bedrooms Proposed 3 (32x70) Lot size 0.5 Ac

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

Conventional Other _____ [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: 75 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 18 max 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 12-2-01