

#02-5-4088

HARNETT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

No 18792

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 J Neighbors New Installation Septic Tank
Property Location: SR# 1714 Parton Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: _____

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: Existing gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 150 ft. ditches 3 ft. ditches 18-22 in.

French Drain Required: - Linear feet

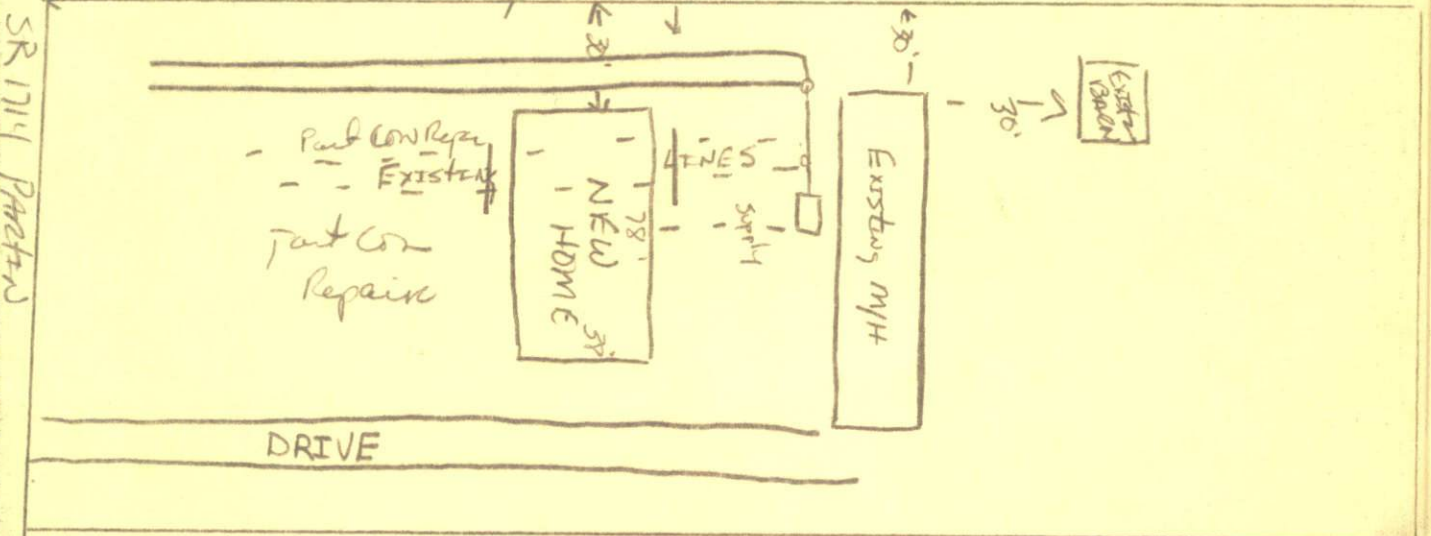
Date: 3-8-02

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

Signed: James S. Manhattan
Environmental Health Specialist

*STUB Plumbing out High enough to reach Existing Tank with correct 30' grade!

*OID EXISTING LINES to be CUT BACK 5' off of Foundation of NEW HOME



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 # 18792. 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 J Neighbors Name 892-0837 Telephone #

645 Partin Rd Address

1714 Property Location SR# Partin Road Name

- Subdivision - Lot # 3 # Bedrooms Proposed 1.5 Lot size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: _____ Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 150 Ft.

Width of ditches 3 ft. Depth of ditches 18.22 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.

James S. Markant Signature of Authorized Agent for Harnett County 3-8-02 Date