

#02-5-4229

HARNETT COUNTY HEALTH DEPARTMENT

No 19176

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) Rodolfo + DIANA SANCHEZ  New Installation  Septic Tank  
Property Location: SR#  Hwy 42   Repairs  Nitrification Line

Subdivision  EAST MEH  Lot #  3-B

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

Number of Bedrooms Proposed:  5  Lot Size:  3.36 acre

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 \_\_\_\_\_

Size of tank: Septic Tank:  1500  gallons Pump Tank: \_\_\_\_\_ gallons

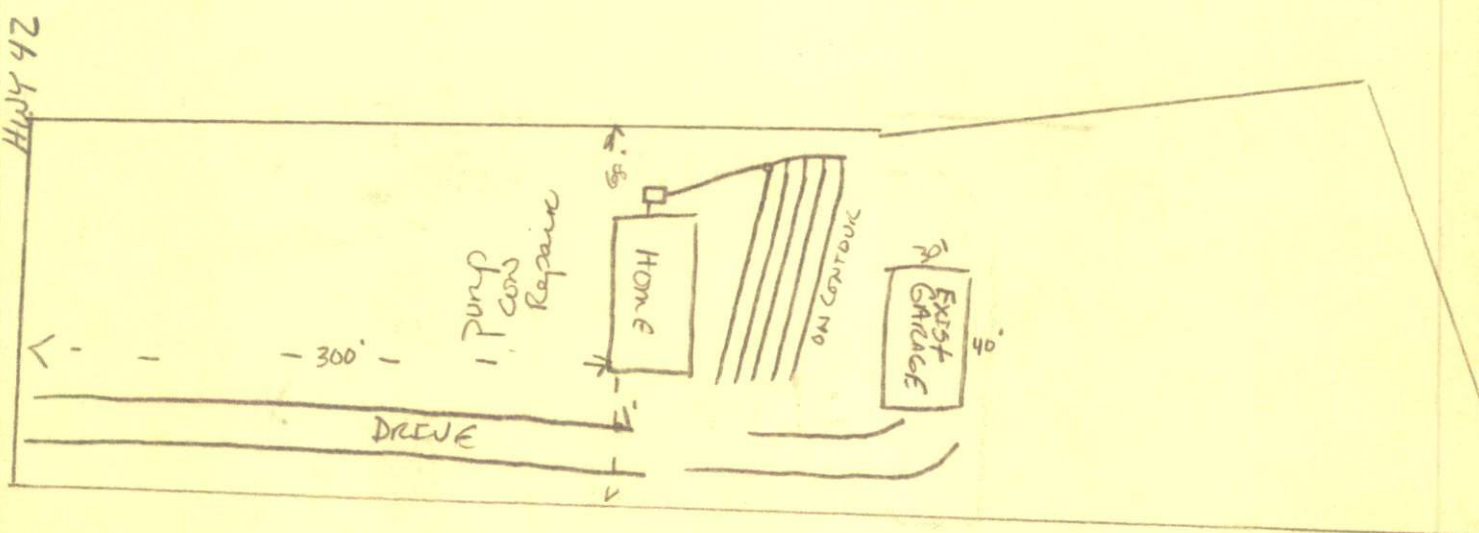
Subsurface Drainage Field No. of ditches  5  exact length  120  ft. width of ditches  3  ft. depth of ditches  16-18  in.

French Drain Required:  -  Linear feet

Date:  4-30-02

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

Signed:  James E. Marshall III R.S.   
Environmental Health Specialist



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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 # 19176. 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.*

Rodolfo + DINA SANCHEZ 919-552-1944  
Name Telephone #

295 ROLLINS RD F.V. N.C. 27526  
Address

Hwy 42 42 Hwy  
Property Location SR# Road Name

East Mill 3-13 5 3.36 acre  
Subdivision Lot # # Bedrooms Proposed 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 2 # of lines per field 5 Length of lines 120 Ft.

Width of ditches 3 ft. Depth of ditches 16-18 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.

James E. Manhart 4-30-02  
Signature of Authorized Agent for Harnett County Date