

02-5-4650

HARNETT COUNTY HEALTH DEPARTMENT

No 13878

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) Todd + Melana Fawcette☒ New Installation☒ Septic TankProperty Location: SR# 1418 Oakridge River Rd.☐ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 2.748 AcBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50 mi 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: 1000 gallons Pump Tank: _____ gallonsSubsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18.24 in.

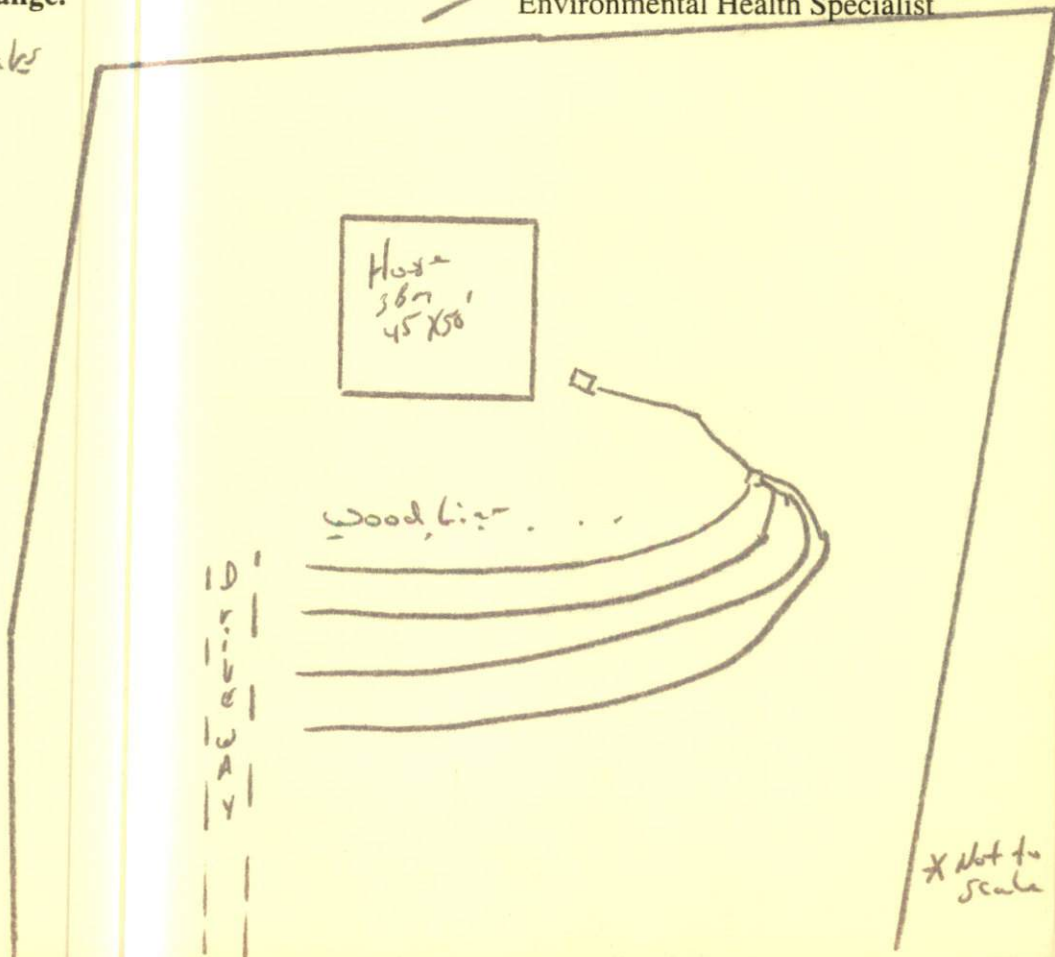
French Drain Required: _____ Linear feet

Date: 6/4/2002

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

Signed: Bryan McSwain R.S.
Environmental Health Specialist

* Maintain all setbacks
* Land ditches on contour



**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 # 13878. 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 Todd + Melane Fawcette Telephone# 919-552-8151
Address 1473 Oakridge River Rd. Fuquay Varina, N.C. 27526
Property Location SR# 1418 Road Name Oakridge River
Subdivision _____ Lot # 3 # Bedrooms Proposed _____ Lot Size 2.748 Ac

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☒ Nitrification Lines

☒ Conventional ☐ Other _____

☐ Basement ☐ With Plumbing ☐ Without Plumbing

Water Supply: ☐ Well ☒ Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18.24 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 of Harnett _____

Date 6/4/2002