

03-5-5185

HARNETT COUNTY HEALTH DEPARTMENT

No 19548

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) RECTOR, RUSSELL + KELLY
Property Location: SR# 1291 Old
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision LASATER SUBDIVISION Lot # 1

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: 1.11 ACRES

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: 1000 gallons Pump Tank: gallons

Subsurface Drainage Field: No. of ditches 1, exact length of each ditch 150 ft., width of ditches 3 ft., depth of ditches 30 in. MAX

French Drain Required: Linear feet

Date: 8/30/02

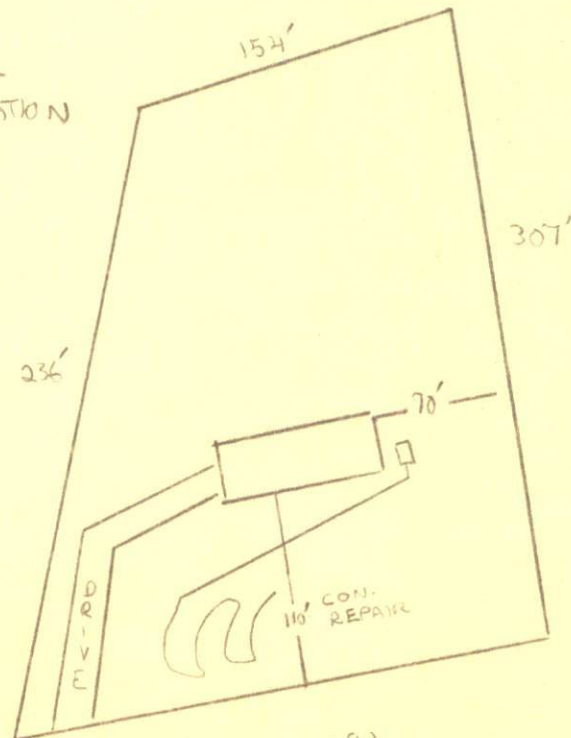
This permit is subject to revocation if site plans or intended use change.

Signed: [Signature]

Environmental Health Specialist

\* MAINTAIN ALL SETBACKS
\* MEET ON-SITE FOR FINAL LAYOUT PRIOR TO INSTALLATION

DRAWING NTS



SR 1291

HARNETT COUNTY HEALTH DEPARTMENT  
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19548. 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.*

RECTOR, RUSSELL + KELLY 919-639-9687  
Name Telephone #

3717 APTA. OLD STAGERD ANGIER NC 27  
Address

1291 OLD US421  
Property Location SR# Road Name

LASATER SUBDIVISION 1 3 1.11 AC  
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: 100 Ft.  
Septic Tank 1000 Pump Chamber \_\_\_\_\_

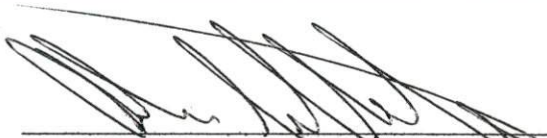
NITRIFICATION FIELD SPECIFICATIONS

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

Width of ditches 3 ft. Depth of ditches 30 inches MAX

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 8/30/02 Date