

03-5-6619

HARNETT COUNTY HEALTH DEPARTMENT

No. 19841

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) B+K PROPERTIES New Installation Septic Tank
Property Location: SR# Hwy 27 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.75 AC

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 PUMP TO POLYSTYRENE AGG. TRENCH

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 12 in. **MAX**

French Drain Required: _____ Linear feet

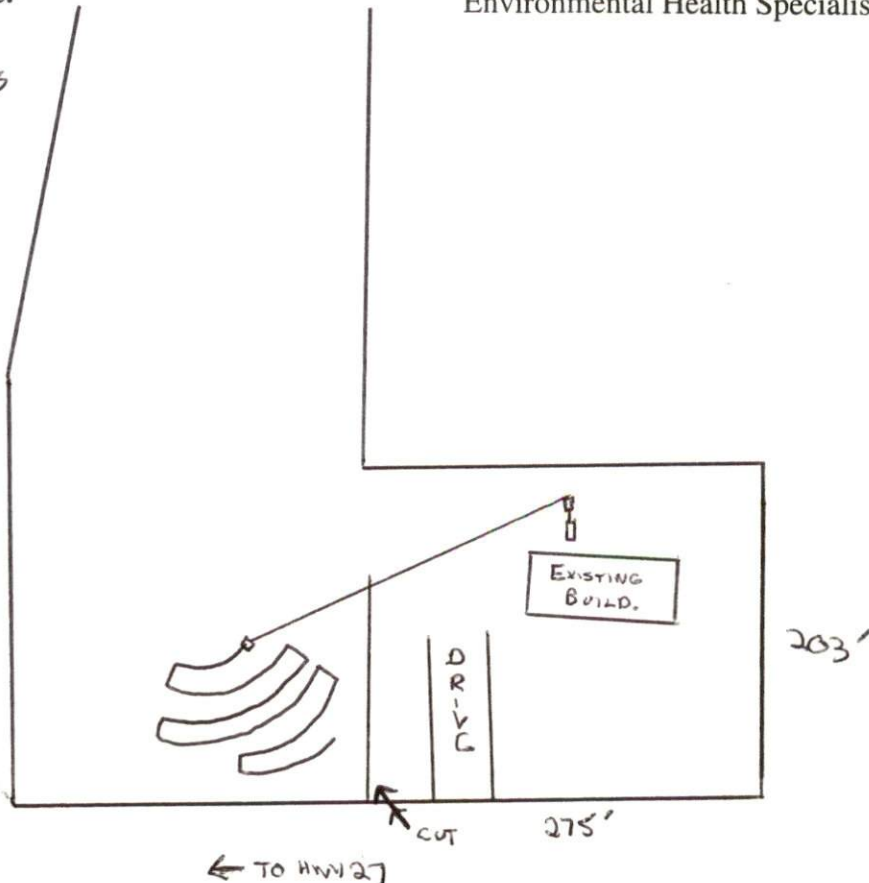
Date: 4/2/03

Signed: [Signature] RS

Environmental Health Specialist

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

- * MAINTAIN ALL SETBACKS
- * 12" DITCH DEPTH MAX.
- * 6" OF COVER NEEDED OVER ENTIRE FIELD
- * LINES ARE FLAGGED CALL WITH QUESTIONS PRIOR TO INSTALLATION



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 # 19841. 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.

B+K PROPERTIES 776-6393
Name Telephone#
1945 PICKARD RD SANFORD NC 27330
Address
Hwy 27
Property Location SR# Road Name
Subdivision Lot # 3 # Bedrooms Proposed 1.75AC Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other PUMP TO POLYSTYRENE AGG. TRENCH
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.
Width of ditches 3 ft. Depth of ditches 12 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] RS 4/2/03
Signature of Authorized Agent for Harnett County of Harnett Date