

03-5-6765

HARNETT COUNTY HEALTH DEPARTMENT

No 19972

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) JANE Adele Phillips New Installation Septic Tank
Property Location: SR# 1427 Baptist Grove Repairs Nitrification Line

Subdivision NORTHWEST PINES Lot # 5

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 11.946

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50' ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Synolite

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

Subsurface Drainage Field No. of 3 exact length 133 width of _____ depth of _____
ditches 2 of each ditch 200 ft. ditches 3 ft. ditches 30 in.

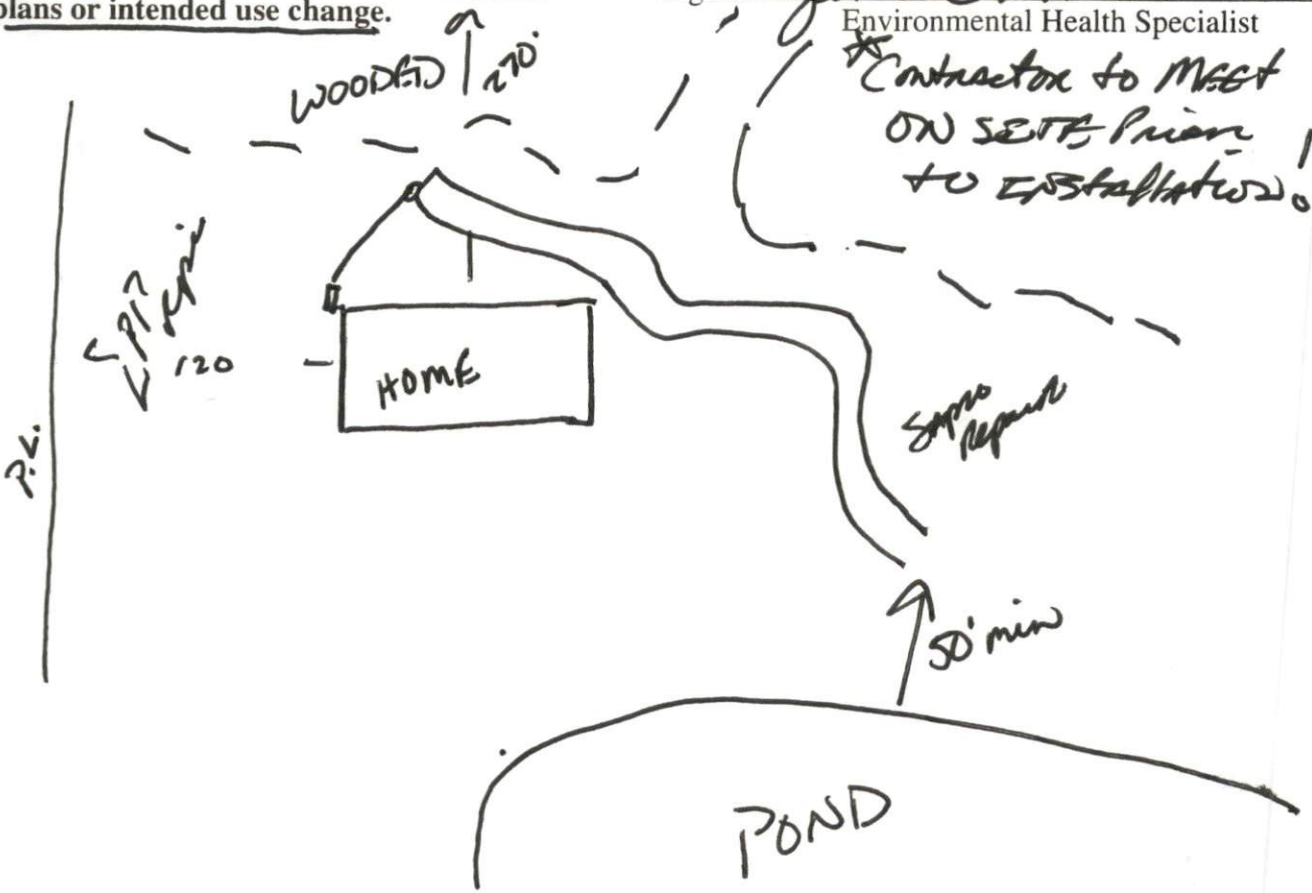
French Drain Required: - Linear feet

Date: 4-15-03

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

Signed: James E. Montfort
Environmental Health Specialist

**Contractor to meet ON SITE prior to installation!*



HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

03-5-6765

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19972. 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 JANE Adele Phillip Telephone# _____

Address 512 Troutwood PLACE F.V. N.C. 27526

Property Location SR# 1427 Road Name Baptist Grove

Subdivision Northwest Pines 5 Lot # 3 # Bedrooms Proposed 3 Lot Size 11.94

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 _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 2 Length of lines 200 Ft.

Width of ditches 3 ft. Depth of ditches 50 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 C. [Signature]
Signature of Authorized Agent for Harnett County of Harnett

4-15-07
Date