20302

HTE 03-5-6783 R

IMPROVEMENT PERMIT

| Name: (owner) Jeffrey L Pope | New Installation | Septic Tank |
|---|-----------------------------|----------------------|
| Name: (owner) Jeffrey L Pope Property Location: SR#_1769_01D 57466 | | Nitrification Line |
| Subdivision DEER PATH FARMS | Lot # | 3 |
| Tax ID # | Quadrant # | |
| Tax ID # | Lot Size: 4.91 Acre | |
| Basement with Plumbing: Garage: 2 | T | |
| Water Supply: | | |
| Distance From Well: 56' ft. | | |
| Following is the minimum specifications for sewage dispost to final approval. | sal system on above caption | ed property. Subject |
| to imai approvai. | | |
| Type of system: Conventional Other Perp | to Conventional | |
| Size of tank: Septic Tank: gallons | Pump Tank: 1700 gallons | |
| Subsurface No. of exact length | width of | depth of |
| Drainage Field ditches 4 of each ditch 100 ft | ditches 3 ft. | ditches/8-20 in. |
| French Drain Required: Linear feet | | |
| | Date: 10-21-03 | |
| This permit is subject to revocation if site | Signed: Oames C May | huntaras. |
| plans or intended use change. | Environmental H | |
| | * DRIVEWAY ! | NUST NOT BE |
| | WIDER THAN | 10'; WILL outside |
| | EDGE NO FAM | THER THAN 12' |
| | from property | CAPE. |
| 1 22 | * Contractor | to macr on |
| DUENEMAY 33' | SCIE Prior | to Installation |
| Draws Sy. | | |
| 3 2 9 | | |
| 5,3 Pump to - 150-1 | | |
| INNOVATEUE | | |
| Repard. | | |
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HARNE'T COUNTY HEALTH DEPARTMENT AU' ORIZATION TO CONSTR T

| by Harnett County Health Department, Improvement Permit # Z | 0307 This | | |
|--|--|--|--|
| authorization shall be valid for a period not to exceed five (5) years f This authorization will be invalid if ownership, site plans, or intended | rom the date of issuance | | |
| | | | |
| Name | Telephone# | | |
| Name 1568 OID BUTHS CREEK RD AGREEK N.C. 27501 Address | • 0.00 (0.00) | | |
| Address Address | | | |
| 1769 | OID STREE | | |
| 1769 Property Location SR# | Road Name | | |
| DEGAL PATH FAMORE 3 | | | |
| Subdivision Subdivision Subdivision Lot # Bedrooms Proposed | Lot Size | | |
| TYPE OF SYSTEM | | | |
| [New Installation [] Pensis [] Service T. I. | | | |
| [New Installation [] Repair [] Septic Tank [] Nitrification Lines | | | |
| [Conventional [] Other | | | |
| [] Basement [] With Plumbing [] Without Plumbing | | | |
| Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft. | | | |
| Septic Tank 1700 gd Pump Chamber 1708 | | | |
| NITIRFICATION FIELD SPECIFICATIONS | | | |
| | | | |
| Number of fields # of lines per field Length of lines Ft. | | | |
| Width of ditches ft. Depth of ditches inches | | | |
| French Drain: Linear feet required Depth of gravel | | | |
| The state of the s | | | |
| CALCULATION OF THE PROPERTY OF | | | |
| 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. | | | |
| | TO STATE OF THE PARTY OF THE PA | | |
| and Mal Jers | 4. 2. 2 | | |
| Signature of Authorized Agent for Harnett County of Harnett | /6 - W - 0 3 Date | | |
| | Date | | |