

03-5-7299

HARNETT COUNTY HEALTH DEPARTMENT

No 19354

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) Ashley Ennis☒ New Installation☒ Septic TankProperty Location: SR# 1705 T. Lhman Rd.☐ Repairs☒ Nitrification LineSubdivision _____ Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.00 AcBasement with Plumbing: ☐ Garage: ☒Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50m 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 5 exact length of each ditch 60 ft. width of ditches 3 ft. depth of ditches 18 in. MAX

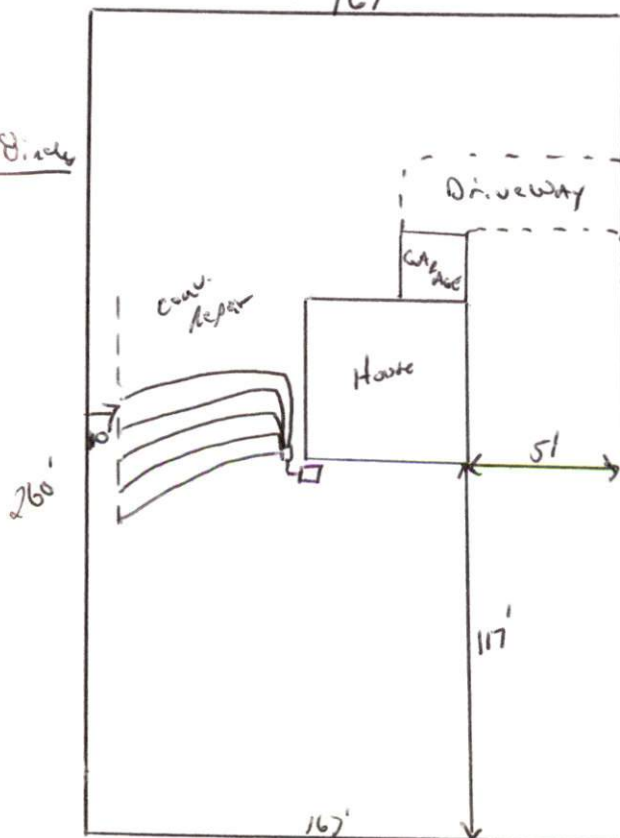
French Drain Required: _____ Linear feet

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

Date: 6/25/2003Signed: Bruce McSwain R.S.

Environmental Health Specialist

* Maintain all setbacks
* Land ditches on contour
+ NO DEEPER than 18 inches



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 # 19354. 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 Ashley Ennis Telephone# 919-894-5874

Address 303 W. Church St. Benson, N.C. 27504

Property Location SR# 1705 Road Name Old Fingrow

Subdivision _____ Lot # 2 # Bedrooms Proposed 3 Lot Size 1.04c

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 900 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 60 Ft.

Width of ditches 3 ft. Depth of ditches 18 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 of Harnett Bryan McLean L.S.

Date 6/25/2003