

HTE 03-5-8059

20366

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) Weaver Dev. New Installation Septic Tank
Property Location: SR# 1141 Repairs Nitrification Line

Subdivision The Summit Lot # 49

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (42x72) Lot Size: .86 ac

Basement with Plumbing: Garage: NOTE change in house

Water Supply: Well Public Community Location so that septic system

Distance From Well: 50 ft. can go in the front yard - per weaver dev. request

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: 1200 gallons Pump Tank: _____ gallons

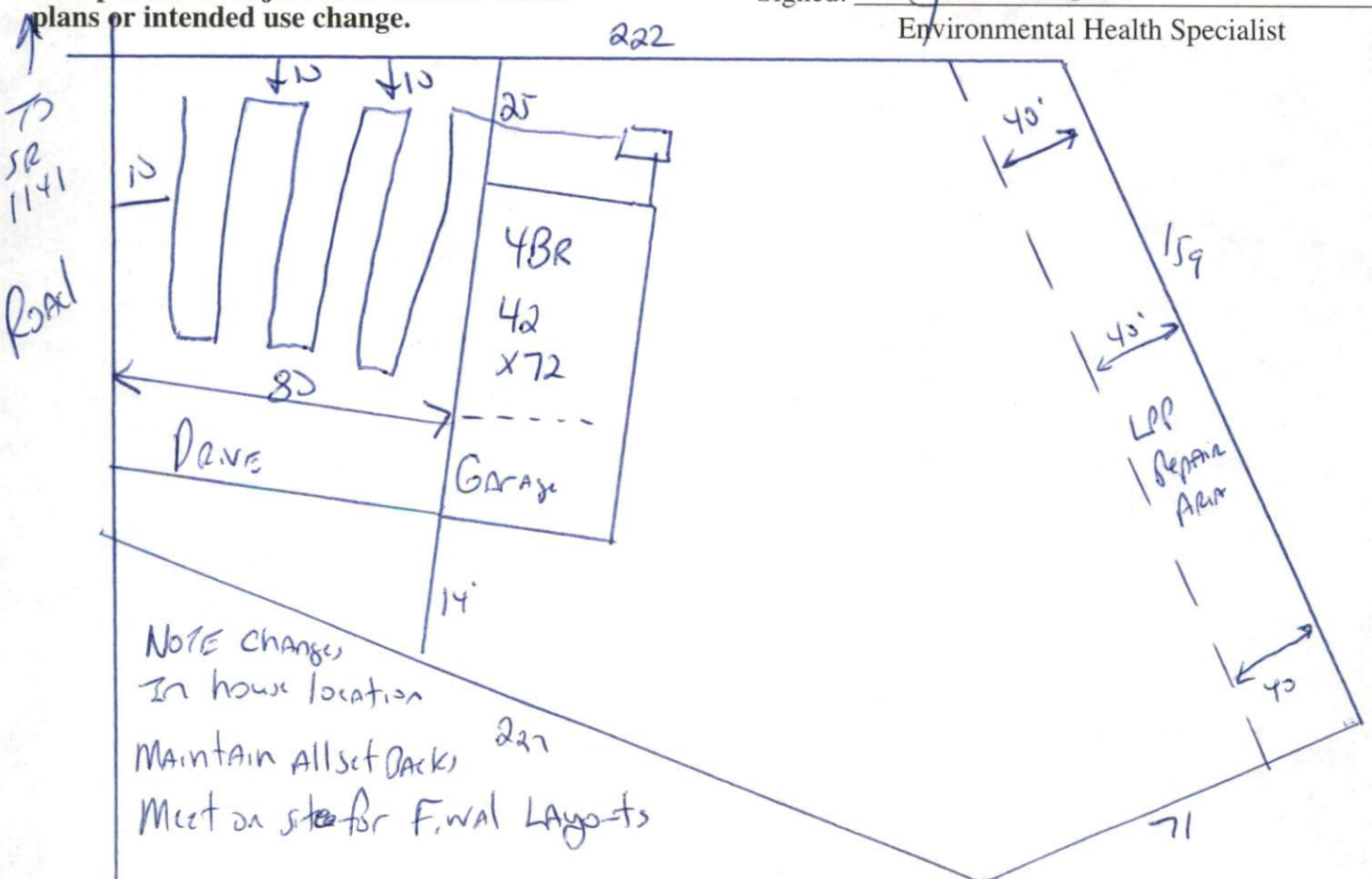
Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 320 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 10-27-23

Signed: [Signature]
Environmental Health Specialist

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



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 # 20366. 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.

Weaver Dev.
Name _____ Telephone# _____

Address _____

1141

Property Location SR# The Summit Lot # 49 # Bedrooms Proposed 4 (42x72) Road Name .86 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 Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 320 Ft.

Width of ditches 3 ft. Depth of ditches 18 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]
Signature of Authorized Agent for Harnett County of Harnett _____ Date 10-27-03