

HTE 03-5-8408

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) Robert Jones General Const New Installation Septic Tank
Property Location: SR# 2013 Aveny Repairs Nitrification Line

Subdivision _____ Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.87 acres

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 _____

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 16" max in.

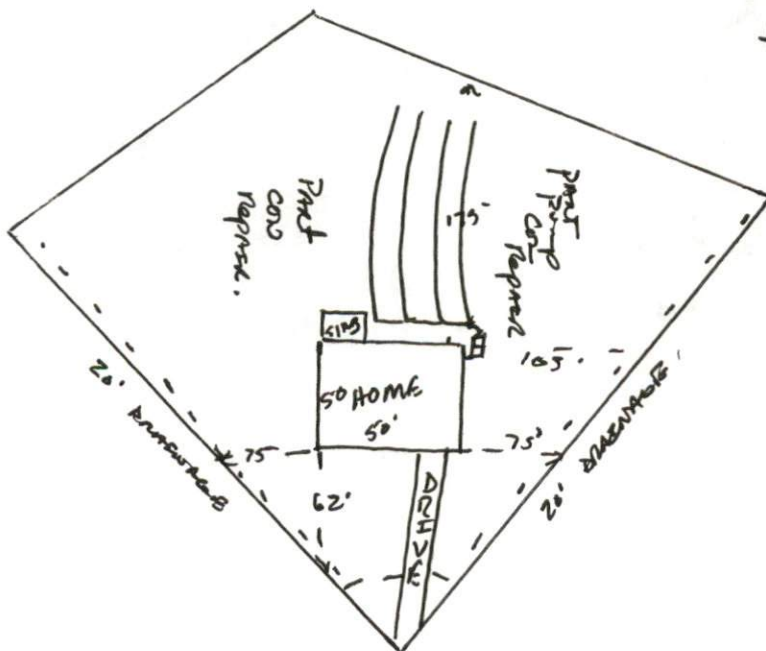
French Drain Required: - Linear feet

Date: 12-30-03

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

Signed James C. Manhart ^{PHS}
Environmental Health Specialist

* Plumbing to be STUBBED OUT HIGH. Septic Tank to be set for 16" DETCH DEPTHS max!



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 # 21026. 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 Robert Jones General Const Telephone# 919-557-1992

Address P.O. Box 183 Brier Creek N.C. 27506

Property Location SR# 2013 Road Name Avery

Subdivision _____ Lot # 4 # Bedrooms Proposed 3 Lot Size 1.87

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 1000 gal Pump Chamber _____ gal

NITIRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 16 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. Mantelera
Signature of Authorized Agent for Harnett County of Harnett

12-30-83
Date