

HTE 04-5-8546

**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) BILLY G. POPE  New Installation  Septic Tank  
 Property Location: SR# NC55  Repairs  Nitrification Line

Subdivision WILDWINDS Lot # 12

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 Lot Size: .74 AC

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 18 in.

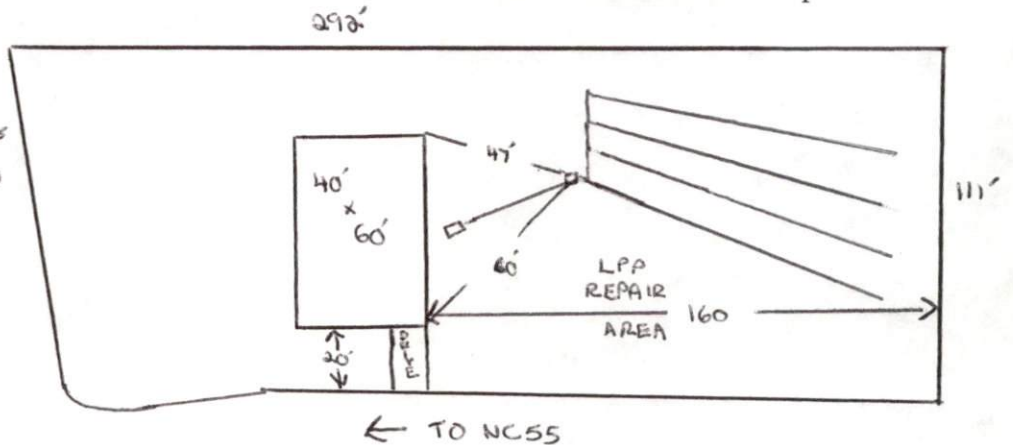
French Drain Required: \_\_\_\_\_ Linear feet

Date: 2/5/04

Signed: [Signature] ES (OLIVER TOLKSOORD)  
 Environmental Health Specialist

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

\* MAINTAIN ALL SETBACKS  
 \* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



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 # 21044. 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 BILLY G. POPE Telephone# 897-8460  
Address PO Box 848 COATS NC 27521  
Property Location SR# Hwy NC55 Road Name \_\_\_\_\_  
Subdivision WILDOMINOS Lot # 12 # Bedrooms Proposed 3 Lot Size .74AC

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 1 # of lines per field 4 Length of lines 100 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 2/5/04