

03-5-6719 R

HARNETT COUNTY HEALTH DEPARTMENT

No 20121

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) Johany & Kimberly James New Installation Septic Tank
Property Location: SR# 1532 Langdon Rd. Repairs Nitrification Line

Subdivision Calvin Mycett Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .69 Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min 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 No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 80 ft. ditches 3 ft. ditches 18-20 in.

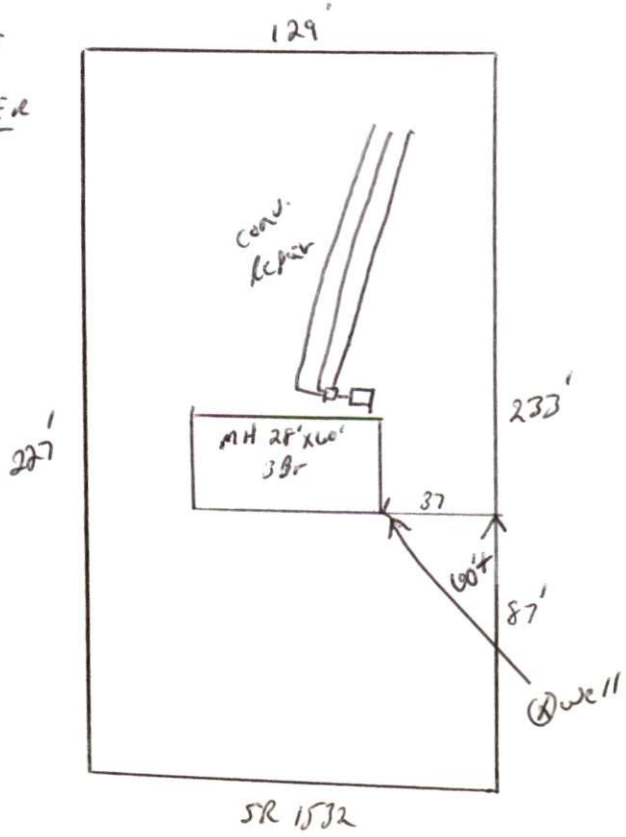
French Drain Required: _____ Linear feet

Date: 4/8/2003

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

Signed: Dwight McSwain R.S.
Environmental Health Specialist

* Maintain all setbacks
* Ditches to be NO DEEPER
than 20 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 # 20121. 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 Johnny & Kimberly James Telephone# 919-639-6484

Address 377 E. William St. Angier, N.C. 27501

Property Location SR# 1532 Road Name Longden

Subdivision Calvin Mycett Lot # 3 # Bedrooms Proposed 3 Lot Size 6940

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 3 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 18-20 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 of Authorized Agent for Harnett County of Harnett [Signature] Date 4/8/2003