

00-20000186

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) Dewayne Houts New Installation Septic Tank
Property Location: SR# 1500 Benson Rd. Repairs 0000 Nitrification Line

Subdivision Gillem Acres Lot # 16

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 existing Lot Size: 2.54 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 Polystyrene Aggregate Trench System INWS-95-32

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18 MAX in.

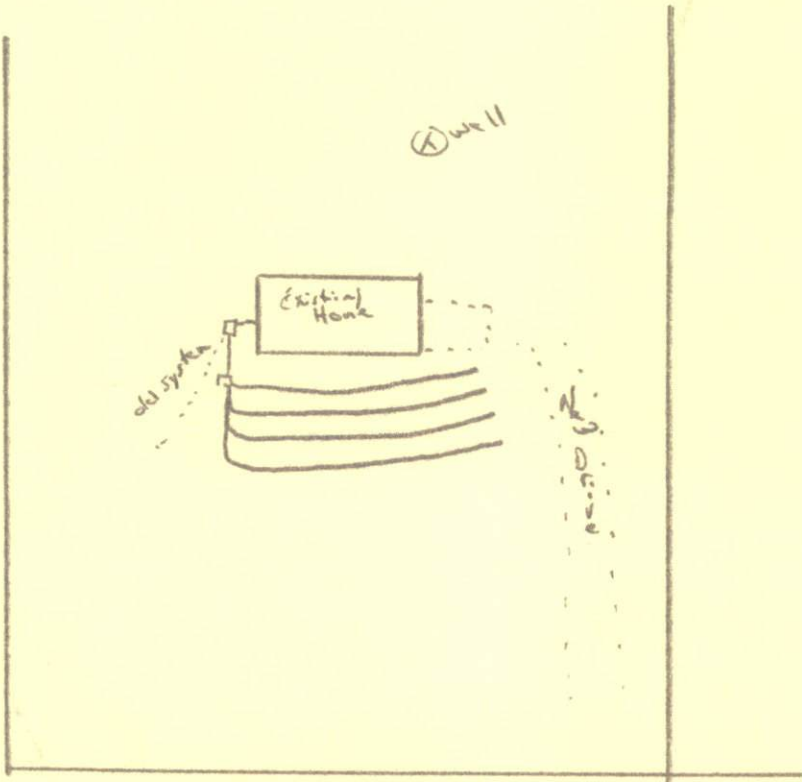
French Drain Required: _____ Linear feet

Date: 3/10/2000

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

Signed: Bryan McSwain R.S.
Environmental Health Specialist

- *Maintain setbacks
- *Run lines on contour
- *Ditches to be NO DEEPER than 18 inches



SR 1500

**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 # 13789. 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.

Owner or Authorized Agent _____

Name: Dennis Houts Telephone # 639-9595

Address: 1830 Benson Rd. Ayler, N.C. 27501

Property Location: SR# 1500 Road Name Benson

New Installation _____ Repair Septic Tank _____ Nitrification Lines

Subdivision Glenn Acres Lot # 16

Number of Bedrooms Proposed: 3 existing Lot size: 2.54 Ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well Public _____ Minimum Well Setback: 50 ft.

Type of System: Conventional _____ Other Polystyrene Aggregate Trench System IWW-95-31

Tank Volume: Septic Tank existing gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 80 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.

Authorized Agent for Harnett County Health Department

Name: Ryan McJannet L.S. Date: 3/10/2000

(Revised 2/96)CNSTRCT.WPD