

Attempt to Repair
00-20000246

HARNETT COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT

No 17318

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) Sheila Keen New Installation Septic Tank
Property Location: SR# Hwy 210 Repairs Nitrification Line
across from Barefoot Hardware on Hwy 210
Subdivision _____ Lot # _____
Tax ID # 0524-26-1448 TAXID Quadrant # 010524 0057
Number of Bedrooms Proposed: TWO Lot Size: _____

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 ft.

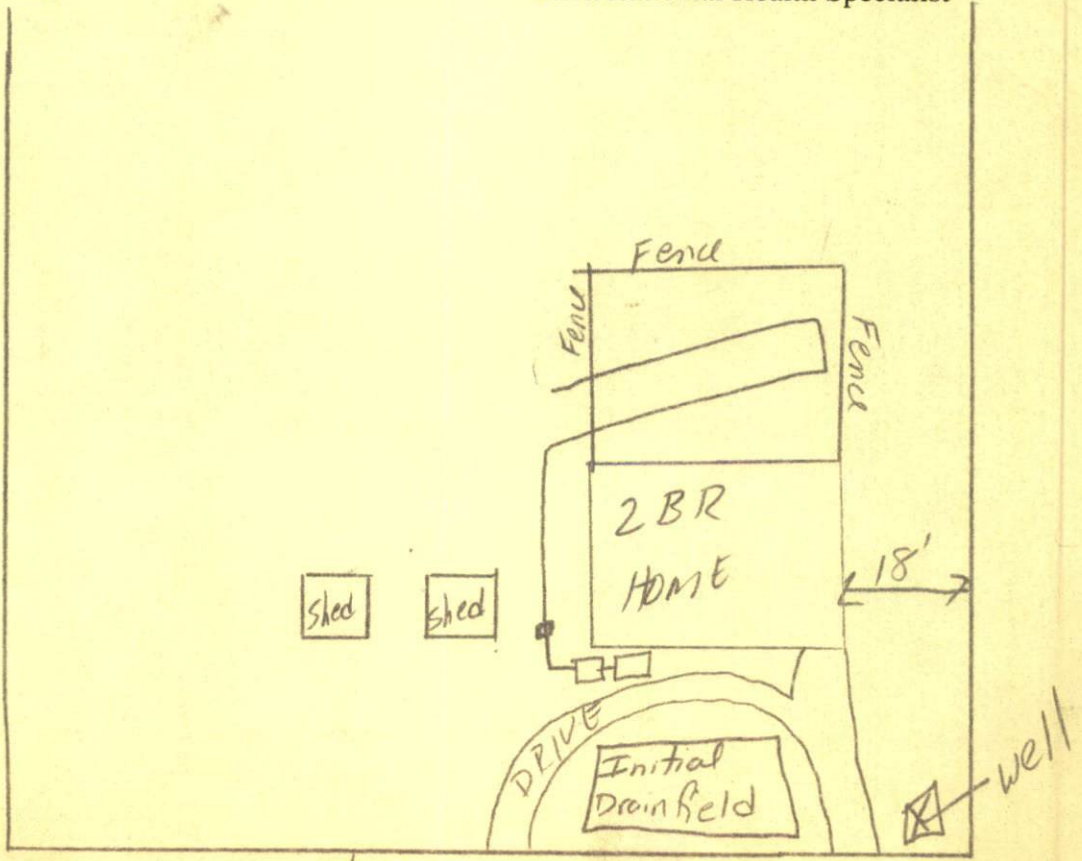
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____
Size of tank: Septic Tank: EXISTING gallons Pump Tank: _____ gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 200 ft. ditches 3 ft. ditches 18 MAX in.
French Drain Required: _____ Linear feet

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

Date: 13 July 2000
Signed: Venest R. Dodge
Environmental Health Specialist

Install
Filter in
septic tank.



Attempt to Repair

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

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Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17318. 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: Sheila Keer Telephone # 497-4709

Address: 12141 Hwy 210 South Spring Lake NC

Property Location: SR # Hwy 210 Road Name Hwy 210

New Installation _____ Repair Septic Tank _____ Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: TWO Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional _____ Other _____

Tank Volume: Septic Tank EXISTING gallons Pump Chamber EXISTING gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 200 feet

Width of ditches 3 ft. Depth of ditches 18 max 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.

Authorized Agent for Harnett County Health Department

Name: Vernest R. Dodge Date: 13 July 2000