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HARNETT COUNTY HEALTH DEPARTMENT

No 17332

Attempt to Repair

IMPROVEMENT PERMIT

Attempt to Repair

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) Bonnie Dean/Billy Coy Contractors New Installation Septic Tank
Property Location: SR# 35 Red Oak Drive Repairs Nitrification Line

Subdivision Bill Shaw Lot # _____

Tax ID # 0525-14-7649 Quadrant # 010525-0290

Number of Bedrooms Proposed: Three 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 Polystyrene Aggregate trench ^{IW 45-95-3R}

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

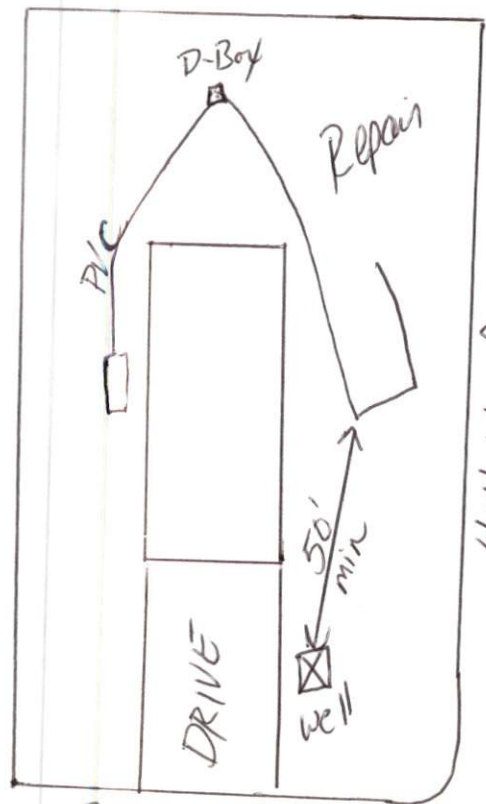
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 140 ft. width of ditches 3 ft. depth of ditches 18-20 in.

French Drain Required: _____ Linear feet

Date: 27 July 2009

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

Signed: Vernon R. Hodges
Environmental Health Specialist



maintain setbacks

HA RNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Attempt to Repair

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17332. 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: Billy Cox / Bonnie Dear Telephone # 497-3568

Address: 35 Red Oak Dr. Spring Lake, NC

Property Location: SR # off 1120 Road Name off Overhill

New Installation _____ Repair X Septic Tank _____ Nitrification Lines X

Subdivision Bill Shaw Lot # ?

Number of Bedrooms Proposed: Three Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional _____ Other Polystyrene aggregate trench

Tank Volume: Septic Tank EXISTING gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 140 feet

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.

Authorized Agent for Harnett County Health Department

Name: Vernon R. [Signature] Date: 27 July 2000