

00-20000263

HARNETT COUNTY HEALTH DEPARTMENT

No 17548

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) Nicole Hackler
Property Location: SR# Hwy 55
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Lot #

Tax ID # Quadrant #

Number of Bedrooms Proposed: 4 employees / 25 gal per employee 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 System IWW5-95-3A

Size of tank: Septic Tank: 1000 gallons Pump Tank:

Subsurface Drainage Field No. of ditches: 2 exact length of each ditch: 50 ft. width of ditches: 3 ft. depth of ditches: 18 in. MAX

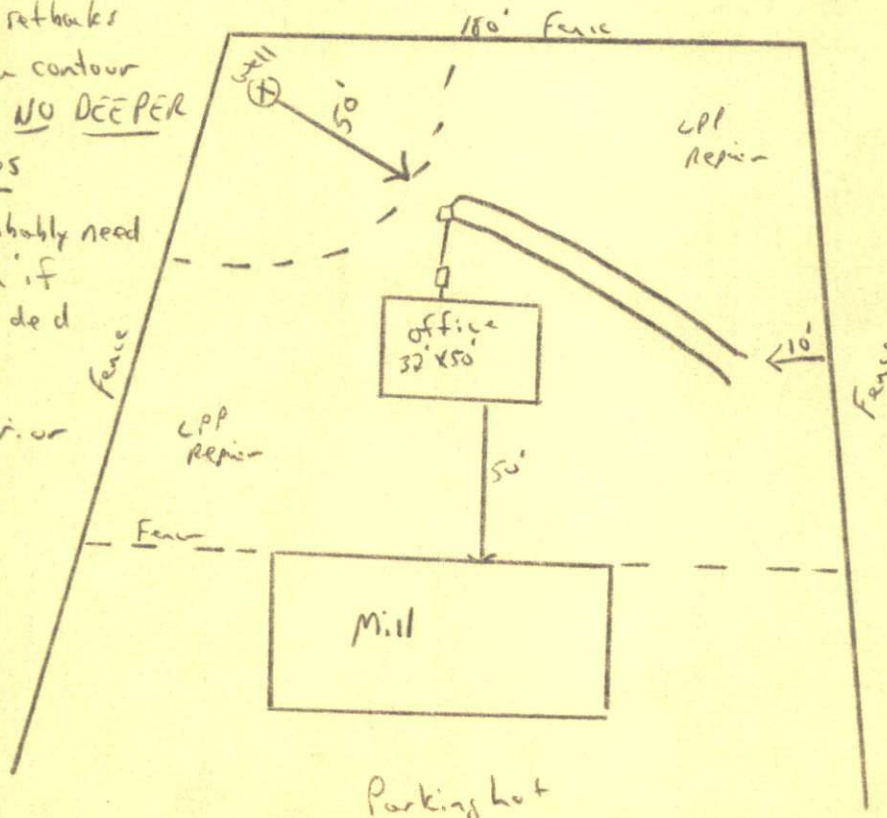
French Drain Required: Linear feet

Date: 9/1/2000

Signed: [Signature] Environmental Health Specialist

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

- * Maintain all setbacks
* Run ditches on contour
* Ditches to be NO DEEPER than 18 inches
* Well will probably need to be filled in if repair is needed
* Contractor to meet on site prior to installing



Parking lot Hwy 55

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 # 17548. 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: Nicole Locklear Telephone # 919-968-3623

Address: P.O. Box 1069 Angier NC 27501

Property Location: SR # 55 Road Name _____

New Installation Repair Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 25 gal / employee office Lot size: _____

Basement With Plumbing Without Plumbing

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

Type of System: Conventional Other Polystyrene Aggregate Trench System IWW5-95-3A

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 50 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: George A. Lewis, R.S. Date: 9/1/2000