

00-20000295

HARNETT COUNTY HEALTH DEPARTMENT

No 17468

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) Gerry McIwells

New Installation

Septic Tank

Property Location: SR# 1776 Maynard Lake

Repairs

Nitrification Line

+ 1876 Scramble Rd

Subdivision Byrd

Lot # R-19

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 2

Lot Size: 1 acre +/-

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
Drainage Field

No. of

exact length

width of

depth of

ditches 2

of each ditch 150 ft.

ditches 3 ft.

ditches _____ in.

French Drain Required: - Linear feet

Date: 8-17-00

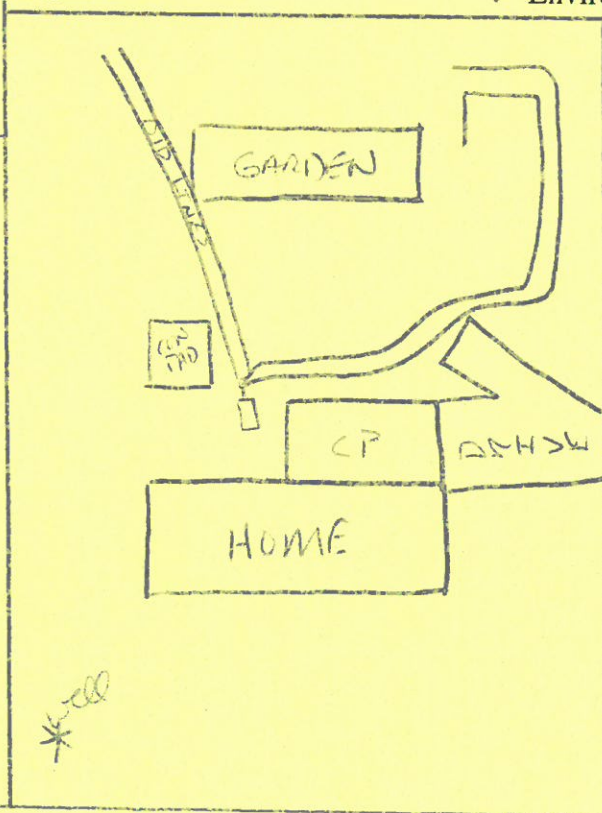
This permit is subject to revocation if site plans or intended use change.

Signed: James E. Markham

Environmental Health Specialist

* CONTRACTOR TO
MEET ON SITE
Prior to installation

* Try to lift
D-BOX TO MAKE
DITCHES AS SHALLOW
AS POSSIBLE.



SR 1876 Scramble

SR 1726 Maynard Lake

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 # 17468. 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: Benny McDowell Telephone # 910-897-3074

Address: 19 Scramble Rd Erwin N.C.

Property Location: SR # 1726 Road Name Maynard Lake

New Installation _____ Repair Septic Tank _____ Nitrification Lines

Subdivision Byrd Lot # 18-19

Number of Bedrooms Proposed: 2 Lot size: 1 acre +-

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank Existing 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 150

Width of ditches 3 ft. Depth of ditches _____ 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: James E. Marshall Date: 8-17-00