

REPAIR

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) Ross Warner New Installation Septic Tank
Property Location: SR# 2045 Repairs Nitrification Line

Subdivision Trodewinds Lot # 32

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Three Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

12/1/00

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: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of _____ exact length _____ width of _____ depth of _____
ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.

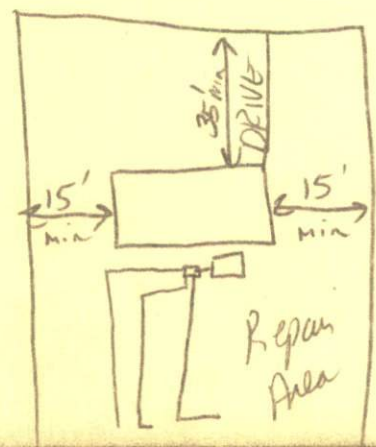
French Drain Required: _____ Linear feet

Date: 01 Decem ber 2000
Signed: Vernest R. Doby, R.S.
Environmental Health Specialist

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

*Original home destroyed by fire. Home debris has been removed. Remove old tank. Attempt to do little ~~damage~~ damage to existing drainfield. Replace old tank with new 1000 gallon tank. New tank must be installed prior to any construction for new home. Existing drainfield to be used. Replace distribution device if needed.

Install filter



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

REPAIR

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16813. 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: Ross Warner Telephone # 499-1245

Address: 583 Riverwind Spring Lake, NC

Property Location: SR # 2045 Road Name Elliott Brook

New Installation _____ Repair Septic Tank Nitrification Lines _____

Subdivision Tradewinds Lot # 32

Number of Bedrooms Proposed: Three 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 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields _____ Number of Lines per Field _____ Length of lines _____

Width of ditches _____ 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: Vernon R. Nix, P.E. Date: 01 Dec 2000

(Revised 2/96)CNSTRCT.WPD

Tank replacement for home damaged destroyed by fire.