

01-20000382

HARNETT COUNTY HEALTH DEPARTMENT

No 17554

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) Maxine Lee☐ New Installation☒ Septic TankProperty Location: SR# Lee Butler Ln 175☒ Repairs☒ Nitrification LineAttempt Partial Repair

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: _____Basement with Plumbing: ☐Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50 min ft.

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

Type of system: ☐ Conventional☒ OtherPolystyrene Aggregate Trench System FWW-95-32Size of tank: Septic Tank: 1000 gallons

Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 120 ft. width of ditches 3 ft. depth of ditches 18-30 in.

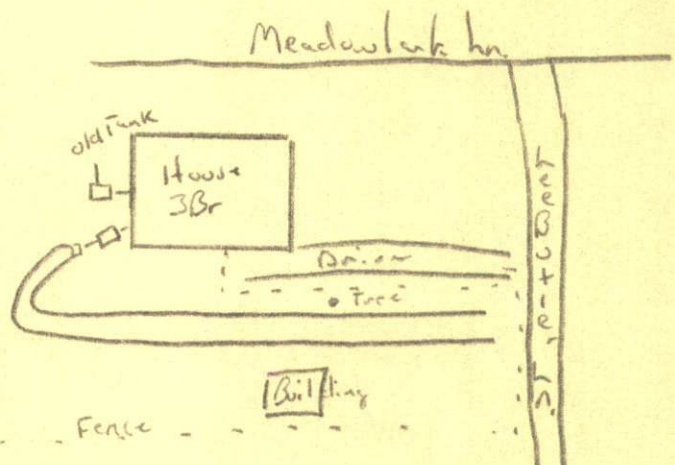
French Drain Required: _____ Linear feet

Date: 1/26/2001

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

Signed: Ray McGowan P.S.
Environmental Health Specialist

- * Maintain all setbacks
- * Start ditches at 30" & run to 18"
- * Old Tank must be crushed & filled in



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 # 17554. 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: Maxine Lee Telephone # 892-7780

Address: 11 Lee Butler Lane Dora, N.C. 28334

Property Location: SR # 1715 Road Name Meadowlark

New Installation _____ Repair ☒ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 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 EWS-95-32

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 130 ft.

Width of ditches 3 ft. Depth of ditches 18-30 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: Bryce M. Lewis R.S. Date: 1/26/2001