

01-50000409

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) Jimmy Wayne Barber

New Installation Septic Tank

Property Location: SR# Bailers Cross Rd.

Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .6 ac

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 Pump to Polystyrene Aggregate Trench System with

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

Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18 in. max

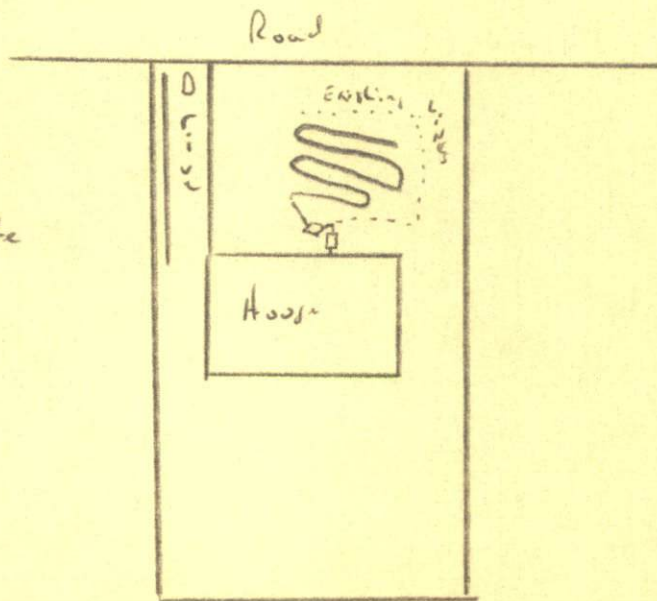
French Drain Required: _____ Linear feet

Date: 4/9/2001

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

Signed: Dwight M. Lewis R.S.
Environmental Health Specialist

- * Maintain all setbacks
- * Run ditch on contour
- * Use stepdowns when needed
- * Contractor to MEET ON-SITE prior to installing system



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 # 17956. 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: Jimmy Barber Telephone # 919 894-2836

Address: 4864 Bailey Cross Roads Rd. Benson, NC 27504

Property Location: SR # 1581 Road Name Bailey's Cross Roads

New Installation _____ Repair Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 Lot size: .6 Ac

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional _____ Other Pump to Polyethylene Aggregate Trench System TWP 295 21

Tank Volume: Septic Tank Existing gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

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

Width of ditches 3 ft. Depth of ditches 18 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: Bryan McLean R-S Date: 4/9/2001

(Revised 2/96)CNSTRCT.WPD