

Repair

IMPROVEMENT PERMIT

Attempt to Repair

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) Suzette Schreump New Installation Septic Tank
Property Location: SR# 351 Senter Lane Repairs Nitrification Line
off of SR 1125
Subdivision Senterhills Lot # 22

Tax ID # _____ Quadrant # _____
Number of Bedrooms Proposed: Existing 3 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 Pump to EEE-222 Lay
Size of tank: Septic Tank: Existing gallons Pump Tank: Existing gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 300 ft. ditches 3 ft. ditches 18 in.
French Drain Required: _____ Linear feet

Date: 4-12-01
Signed: [Signature]
Environmental Health Specialist

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

SYSTEM HAS problems due to the EEE-222 Lay used has been CRUSHED. EEE-222 Lay Needs to Be dug out of the Ditch & Replaced with New EEE-222 Lay. The following items MUST Be done

- #1 Pump Tank & Septic Tank to Be Pumped out, Homeowner to Limit Water use during this time period - No Laundry -
#2 Dig EEE-222 Lay out of Ditch And Allow Ditches to dry out
#3 Once existing ditches are dry, they need to Be Raked And Made level. I must inspect ditch Bottoms Before EEE-222 Lay is Re Installed.
#4 After my Inspection EEE-222 Lay is to Be Installed & Covered in Accordance with Manufacturers Specs.
#5 Will Need At Least 300' EEE-222 Lay

ARNETT 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 # 1807. 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 Suzette Schrage

Name: _____ Telephone # 814-1512

Address: _____

Property Location: SR # 1125 Road Name _____

New Installation _____ Repair Septic Tank _____ Nitrification Lines

Subdivision Sentry Hill Lot # 22

Number of Bedrooms Proposed: ex 2 Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional _____ Other _____

Tank Volume: Septic Tank _____ 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: [Signature] Date: 4-12-01