

HTE# Attempt To
Repair

IMPROVEMENT PERMIT 23081

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) Scottie Van Hook New Installation Septic Tank Repair

Property Location: SR# 665 Lake Ridge Drive Nitrification Line Expansion

Subdivision Mire Branch Est. Lot # 104

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: Group home flou., 500 sqft Lot Size: 100 x 150 x 100 x 150

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 existing Pump to 25% Reduction SYSTEM

Size of tank: Septic Tank: Existing gallons Pump Tank: 200 gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 ft. of each ditch 400 ft. ditches 3 ft. ditches 18 max in.

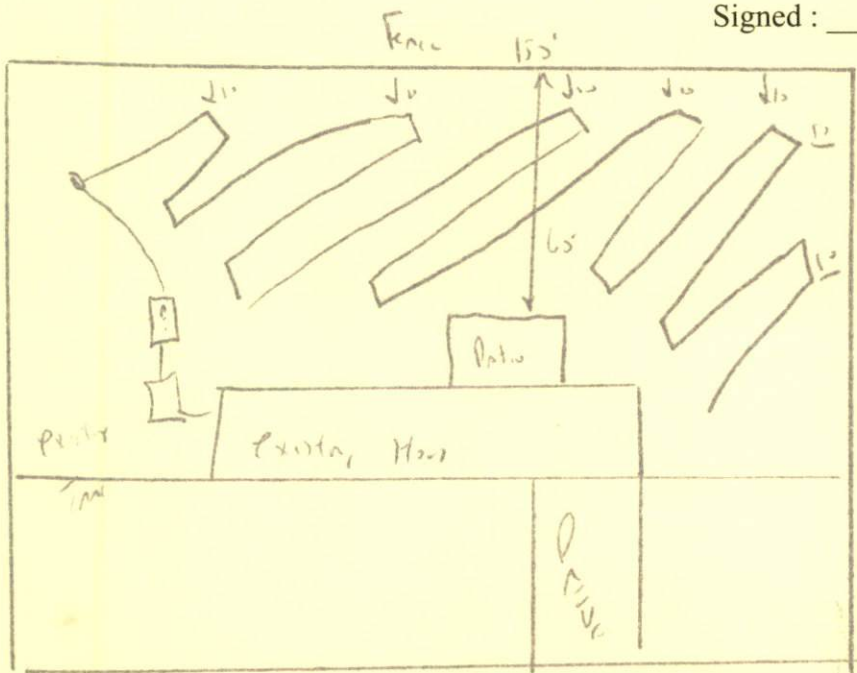
French Drain Required: _____ Linear feet

Date: 6-30-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: J. White
Environmental Health Specialist



Meet on site for
Final layout
Place low flow
water fixtures
throughout house
Fix any leaks
& keep maintain

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 23081. 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.*

Scottie Van Hise

Name _____ Telephone # _____

Address _____

Property Location SR# _____ Road Name _____

Mim Bernick Est 104 500 sq ft Flow 100 x 150 x 100 x 100
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other Pump to 25% Reduction SYSTEM
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well [] Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 420 Ft.
Width of ditches 3 ft. Depth of ditches 17 inches OF 25% Reduction SYSTEM
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.

Joe Waters
Signature of Authorized Agent for Harnett County

6.30.06
Date