

Attempt To Repair

HARNETT COUNTY HEALTH DEPARTMENT

No 18730

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) Kristopher Kendall New Installation Septic Tank

Property Location: SR# 2045 Repairs Nitrification Line

128 Riverwind Dr. Spring Lake NC 28392 # 910-960-6312

Subdivision TRADEWINDS Lot # 90

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 existing (3x54) Lot Size: .34 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 _____

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

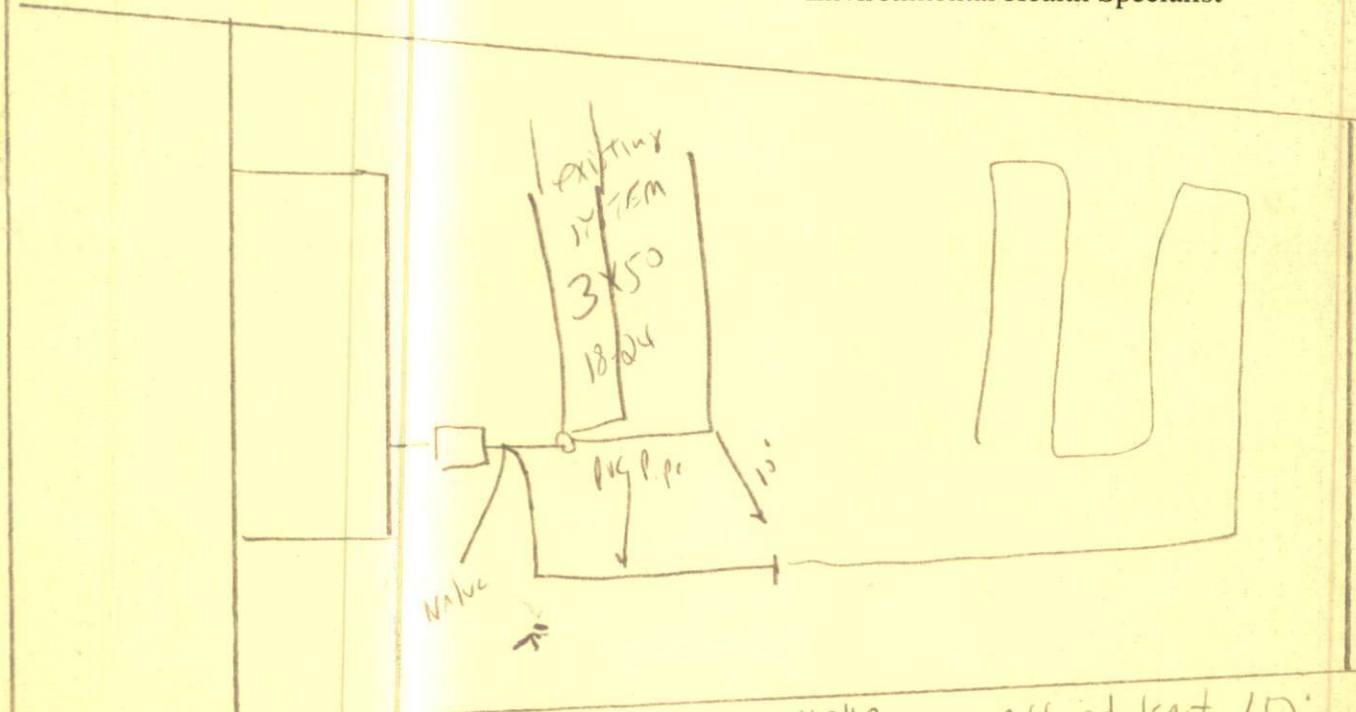
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 200 ft. ditches 3 ft. ditches 18.30 in.

French Drain Required: _____ Linear feet

Date: 03-06-02

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

Signed: [Signature]
Environmental Health Specialist



Add Suitable valve Between Tank & "20" Box - Add at least 15' of line - 200w-11 be better keep new lines 10' from old lines meet on site

HARNETT COUNTY HEALTH DEPARTMENT
A. AUTHORIZATION TO CONSTRUCT

Attachment to Repair

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 18735. 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.

Name Kristopher Kendall Telephone # 910-960-6312

Address 128 River Wind Drive Spring Lake NC

Property Location SR# 2045 Road Name _____

Subdivision Trade Wides Lot # 90 # Bedrooms Proposed Existy (3) Lot size 0.34 ac

TYPE OF SYSTEM

[] New Installation [X] Repair [] Septic Tank [X] Nitrification Lines

[X] Conventional Other _____

[] Basement [] With Plumbing [] Without Plumbing

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

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 20 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.

Signature of Authorized Agent for Harnett County [Signature] Date 3.6.02