

426-0104
left mess

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) MARK J MARCIA Thompson New Installation Septic Tank
Property Location: SR# SR 1103 Repairs Nitrification Line

Subdivision Sethwood Sub. Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 Lot Size: 10.01 AC

Basement with Plumbing: Garage: MUST meet on site
Water Supply: Well Public Community Before Installing septic
Distance From Well: 100' ft. SYSTEM OR French Drains

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

Type of system: Conventional Other Pump to Conv.

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

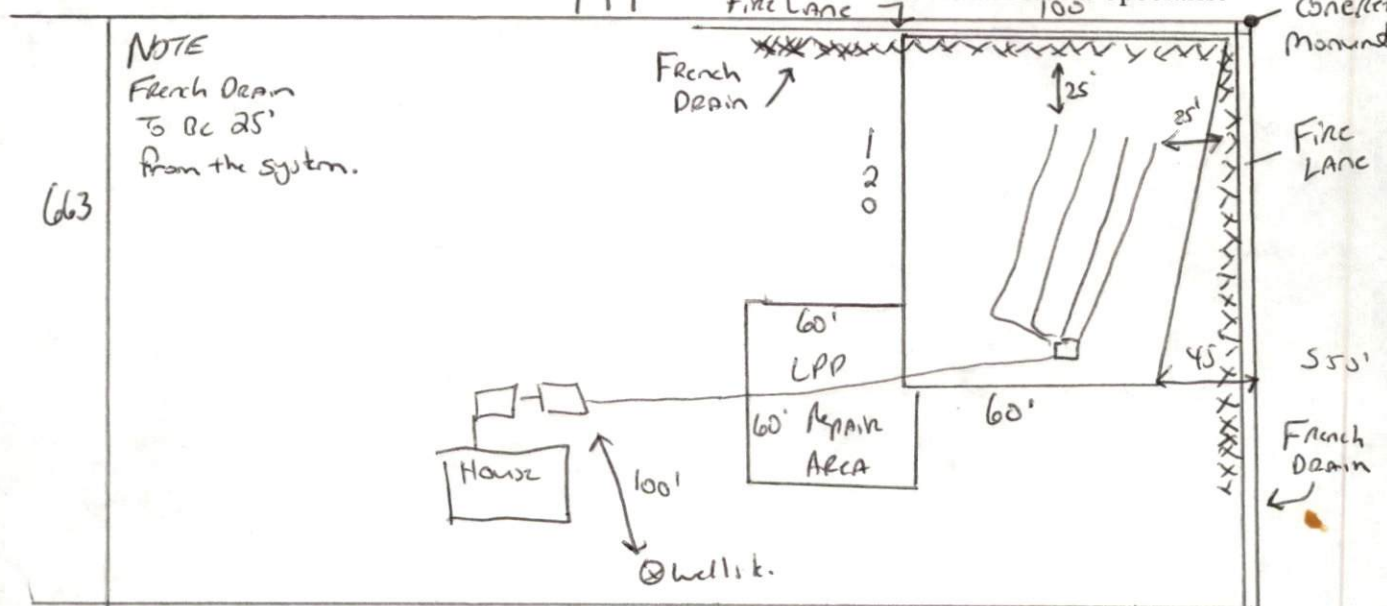
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18 in. ^{max}

French Drain Required: Appx 300' Linear feet

Date: 3-31-98

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

Signed: Joe WARS
777 Environmental Health Specialist



NOTE
French Drain to be 25' from the system.

MUST meet on site Before Installing 18" max Ditch Depth
Follow contours - French Drain to be place 5' off Property
Line Appx 300' Long - 48" Deep with 42" of gravel
pipe - Ditch to be 12" wide keep well 100' from ANY
PART of septic SYSTEM

35' EASEMENT TO SR 1103 ↓

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 # 13463. 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 MARK & MARCIA Thompson

Name: _____ Telephone # _____

Address: _____

Property Location: SR # 1103 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Sethwood Lot # 4

Number of Bedrooms Proposed: 2 Lot size: 10.01 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well Public _____ Minimum Well Setback: 100 ft.

Type of System: Conventional _____ Other

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 75

Width of ditches 3 ft. Depth of ditches 18 inches

French Drain: Linear feet required 300 Depth of gravel 42"

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: 3-31-98