

IMPROVEMENT PERM

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) Emma Jean Newcomb New Installation Septic Tank
Property Location: SR# 1547 Carson Gregory Repairs Nitrification Line

Subdivision _____ Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .071

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: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 175' width of ditches 3 ft. depth of ditches 16-18* in.

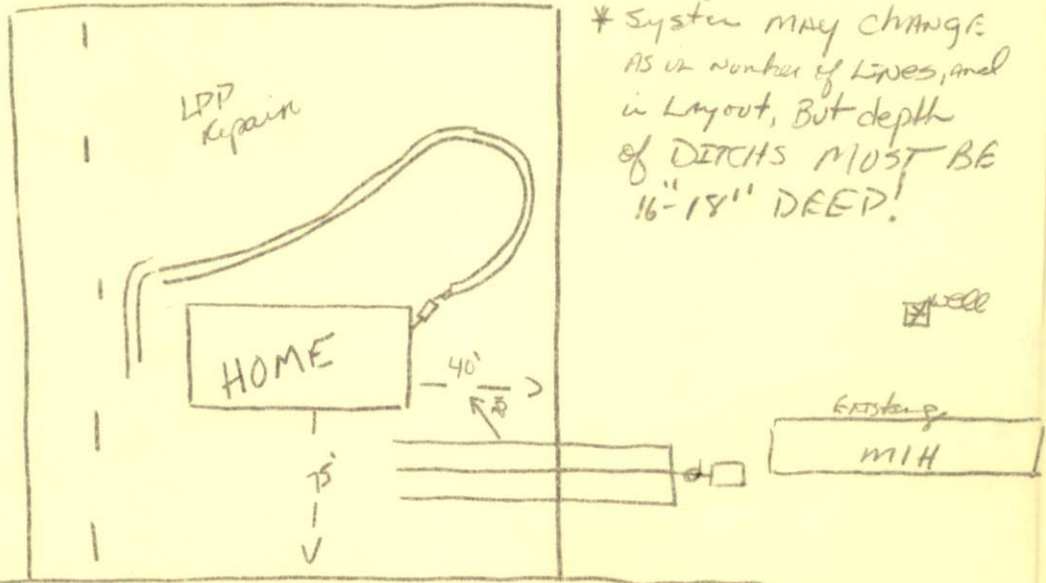
French Drain Required: - Linear feet

Date: 7-15-97

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

Signed: James C. Marshall R.S.

- Environmental Health Specialist
- * Maintain all setbacks
- * Lot can not be sold without Existing system removed.
- * STAY 20' off of Existing system with new system.



SR-1547

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 # 12902. 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 Emma Jean Newcomb

Name: Emma Jean Newcomb Street Apex NC 27502 Telephone # 772-1391

Address: 8225 Newcomb Street Apex NC 27502

Property Location: SR # 1547 Road Name Cousa Gregory

New Installation Repair Septic Tank Nitrification Lines

Subdivision _____ Lot # 2

Number of Bedrooms Proposed: 3 Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank 10000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 2 Number of Lines per Field 2 Length of lines 175

Width of ditches 3 ft. Depth of ditches 16-18 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: James E. Marshall Date: 7-15-97