

HARNETT COUNTY HEALTH DEPARTMENT

HTE# REPAIR

IMPROVEMENT PERMIT 23154

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) ROBERT MANGUM MAZELLE STEPHANSON New Installation  Septic Tank  Repair   
Property Location: SR# 1514 MAMIE UPCHURCH RD Nitrification Line  Expansion   
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_  
Number of Bedrooms Proposed: 3 (360 sq ft) Lot Size: .68

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 25% REDUCTION SYSTEM

Size of tank: Septic Tank: EXISTING gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 24-18 in.

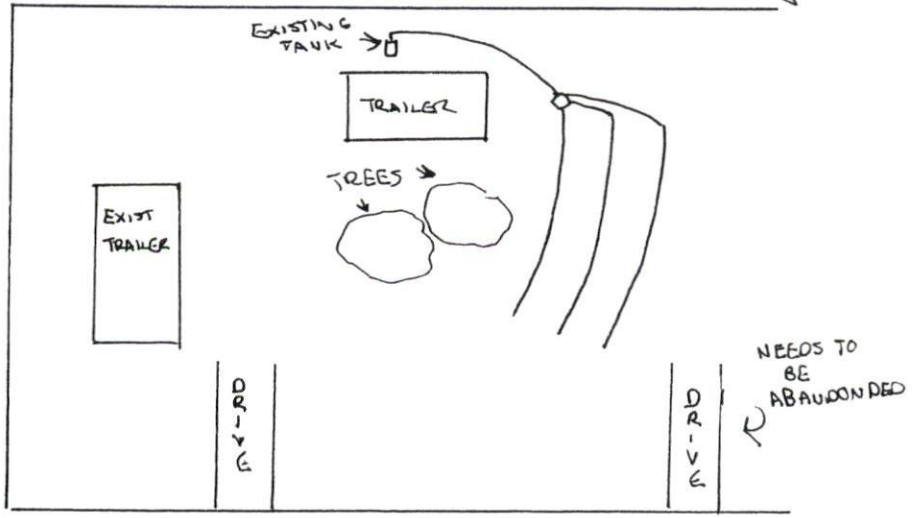
French Drain Required: \_\_\_\_\_ Linear feet

Date: 7/11/06  
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature] RS  
Environmental Health Specialist

\*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



MAMIE UPCHURCH RD

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 # 23154. 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.*

MAZELLE STEPHENSON 893-4885  
Name Telephone #

PO Box 938 LILLINGTON NC 27546  
Address

1514 MAMIE UPCHURCH RD  
Property Location SR# Road Name

- - 3 .68  
Subdivision Lot # # Bedrooms ~~Proposed~~ Lot Size

**TYPE OF SYSTEM**

- New Installation  Repair  Septic Tank  Nitrification Lines  
 Conventional  Other 25% REDUCTION SYSTEM  
 Basement  With Plumbing  Without Plumbing


Water Supply:  Well  Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank EXISTING gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 3 Length of lines 75 Ft.  
Width of ditches 3 ft. Depth of ditches 24-18 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.

  
Signature of Authorized Agent for Harnett County

7/11/06  
Date