

HARNETT COUNTY HEALTH DEPARTMENT

HTE# Attempt To Repair

IMPROVEMENT PERMIT 22671

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) Jerry Bennett New Installation Septic Tank Repair

Property Location: SR# 4898 US 421 Nitrification Line Expansion

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Existing Apartment Lot Size: _____

Basement with Plumbing: Garage: *This is an attempt to repair a failing septic system*

Water Supply: Well Public Community

Distance From Well: _____ 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: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 ft. exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 2/4 in.

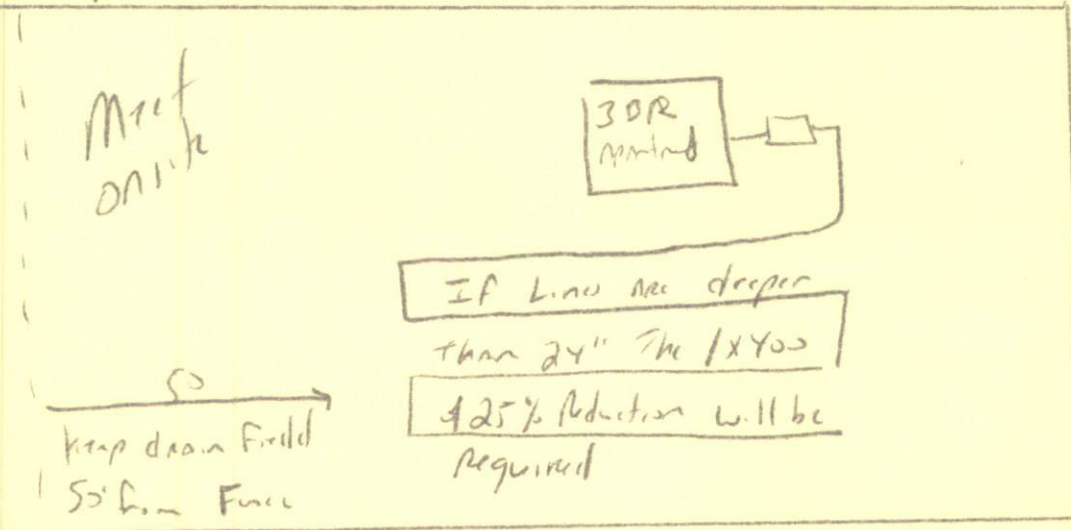
French Drain Required: _____ Linear feet *25% Reduction System*

Date: 5-23-05 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

If Lines are deeper than 24" Then 1x400 of 25% Reduction will be needed

Signed: [Signature] Environmental Health Specialist



IF old tank does not have Back wall Then New Tank Required All Plumbing Required to go into Septic SYSTEM

HARNETT COUNTY HEALTH DEPARTMENT

HTE# Attempt To
Repair

IMPROVEMENT PERMIT 22656

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) Jerry Bennett New Installation Septic Tank Repair
Property Location: SR# 4898 W 421 Nitrification Line Expansion
Subdivision _____ Lot # _____
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: _____ Lot Size: _____

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: _____ 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: _____ gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches _____ ft. of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain Required: _____ Linear feet

Date: 5-11-05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature]
Environmental Health Specialist

IT APPEARS That Kitchen water / washing machine Line does not go into the septic Tank AS Required Please Put line into Septic Tank AS Required. Please call to let me know work has been done. IF ^{Septic} SYSTEM FAILS After placing kitchen water / washing machine Line into Septic Tank Then New septic system will be Need To be Installed

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 # 22671. 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.*

Jerry Bennett
Name _____ Telephone # _____

Address
4898 WY21

Property Location SR# _____ Road Name _____
Subdivision _____ Lot # _____ # Bedrooms Proposed 3 exs 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 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 2 ft. Depth of ditches 18.24 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 West RS
Signature of Authorized Agent for Harnett County

5-23-05
Date