

REPAIR

HARNETT COUNTY HEALTH DEPARTMENT

No 20067

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) BLALOCK, WILLIAM W.  New Installation  Septic Tank  
Property Location: SR# NC210  Repairs  Nitrification Line

Subdivision ANDERSON CREEK Lot # 3 BLOCK A

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms <sup>EXISTING</sup> Proposed: 3 Lot Size: 18000sqft

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 Drainage Field No. of ditches 2 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 36 in. MAX.

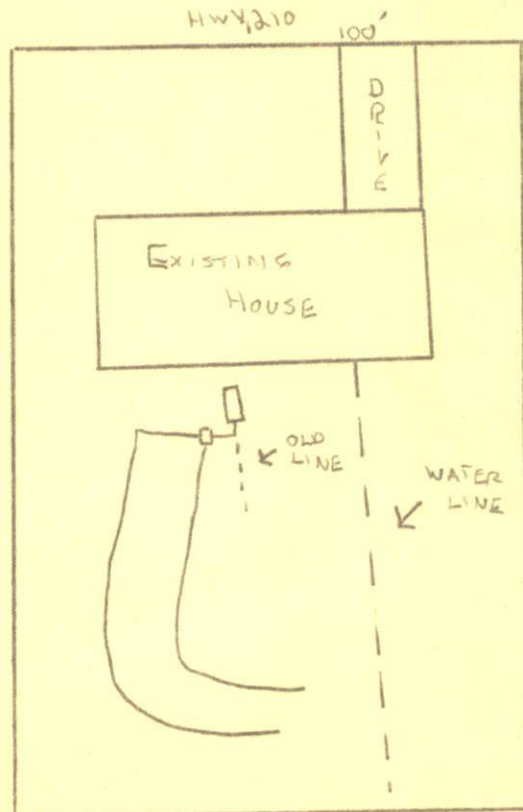
French Drain Required: \_\_\_\_\_ Linear feet

Date: 4/30/03  
Signed: [Signature] Environmental Health Specialist

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

\* MAINTAIN ALL SETBACKS

\* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



HARNETT COUNTY HEALTH DEPARTMENT  
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20067. 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 BLALOCK, WILLIAM W. Telephone# 497-7657

Address 14347 NC2105, SPRING LAKE NC 28390

Property Location SR# HWY 2105 Road Name \_\_\_\_\_

Subdivision ANDERSON CREEK Lot # 3 Block A # Bedrooms 3 Proposed EXISTING Lot Size 18000 ft<sup>2</sup>

**TYPE OF SYSTEM**

New Installation  Repair  Septic Tank  Nitrification Lines

Conventional  Other \_\_\_\_\_

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 2 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 36 inches MAX

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 of Harnett [Signature]

Date 4/20/03

Date