

HTE _____

IMPROVEMENT PERMIT

21150

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) Tina Arrington ☐ New Installation ☐ Septic Tank
 Property Location: SR# James Harris Rd ☒ Repairs ☒ Nitrification Line

Subdivision Neill's Creek Farms Lot # 145
 Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: _____ Lot Size: _____

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 No. of exact length width of depth of
 Drainage Field ditches 5 of each ditch 80 ft. ditches 3 ft. ditches 18-24 in.

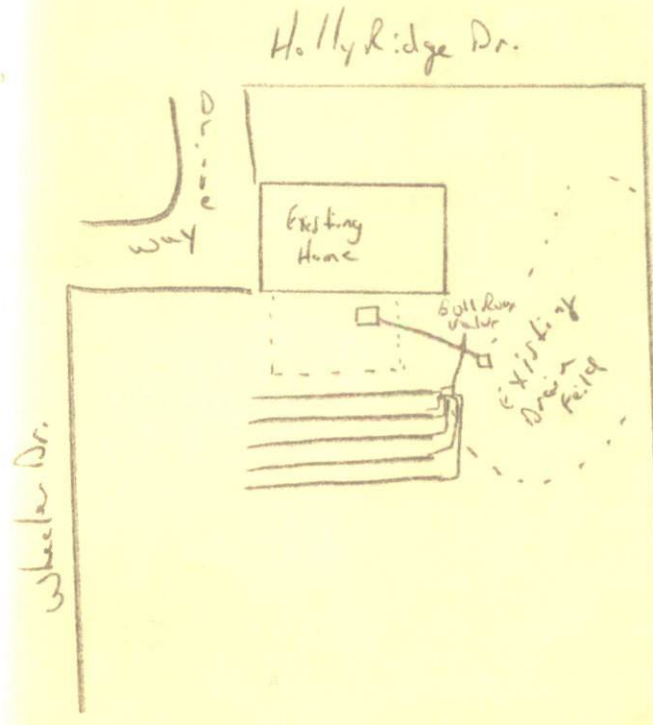
French Drain Required: _____ Linear feet

Date: 4/2/2014

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

Signed: Ryan McLean R.S.
 Environmental Health Specialist

- * Maintain all setbacks
- * Use a Ball Run valve
- * Set New O-Box
- * Keep ditches as shallow as possible



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 # 21150. 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 Tina Arrington Telephone # 897-806

Address 24 Holly Ridge Dr Angier, N.C. 27501

Property Location SR# _____ Road Name Jasper Morris

Subdivision McIlh's Creek Farm Lot # 145 # Bedrooms Proposed 3 existing 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 5 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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 [Signature]

Date 4/2/2004