

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) Carrie Lynn Edwards☐ New Installation☐ Septic TankProperty Location: SR# McIntyre Lane☒ Repairs☒ Nitrification LineSubdivision Old Town of Averettsville Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Existing Lot Size: _____Basement with Plumbing: ☐Garage: ☐Water Supply: ☒ Well ☐ Public ☐ CommunityDistance 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: _____ gallonsSubsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 24 in.

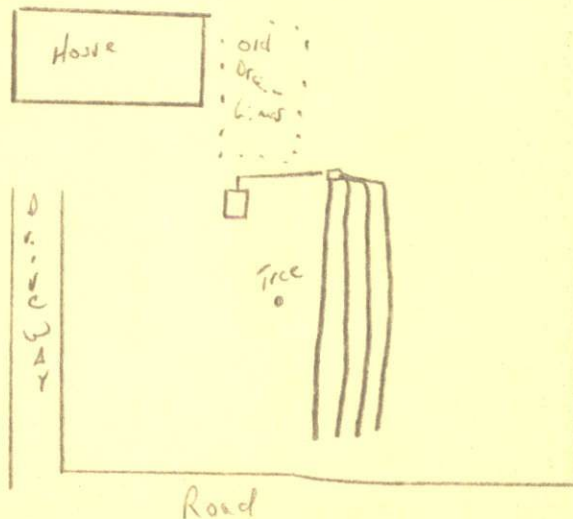
French Drain Required: _____ Linear feet

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

Date: 4/16/2003Signed: James McSwain R.S.

Environmental Health Specialist

* Maintain all setbacks



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 # 20126. 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.

Carrie Lynn Edwards

Name

897-8589

Telephone#

89 McIntyre Lane Dunn, N.C. 28324

Address

Property Location SR#

Road Name

Old Town of Ardenmore

3

Subdivision

Lot #

Bedrooms Proposed

Lot Size

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 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 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.

Don McLean R.S.

Signature of Authorized Agent for Harnett County of Harnett

4/16/2003

Date