

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) Linda Fairweather☐ New Installation ☐ Septic TankProperty Location: SR# 1538 Mabry Rd.☒ Repairs ☐ Nitrification LineSubdivision _____ Lot # 16

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Existing Lot Size: 7.83 AcBasement 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 18 in. max

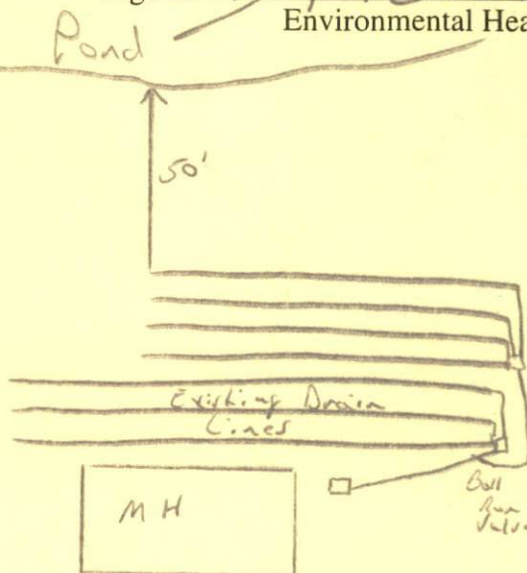
French Drain Required: _____ Linear feet

Date: 4/3/2003

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

Signed: Roy McLean R.S.
Environmental Health Specialist

- * Maintain all setbacks
- * Install a Ball Run Valve Between old "D" Box & New "D" Box
- * Keep Bottom Line 50 ft From pond



SR 1538

**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 # 20120. 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 Linda Fairweather Telephone# 919 639 7802
Address 1804 Mabry Rd. Angier, N.C. 27501
Property Location SR# 1538 Road Name Mabry
Subdivision _____ Lot # 16 # Bedrooms Proposed 3 Existing Lot Size 7.83 Ac

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 18 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.

Brian McLean R.S.
Signature of Authorized Agent for Harnett County of Harnett

4/2/2003
Date