

Attempt
to Repair

HARNETT COUNTY HEALTH DEPARTMENT

No 15234

IMPROVEMENT PERMIT

Attempt to Repair

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) Dennis Thurlow

☒ New Installation

☒ Septic Tank

Property Location: SR# 353 Ivey St.

☒ Repairs

☒ Nitrification Line

Subdivision Anderson Creek Lot # 34

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: _____ Lot Size: 137' x 159' x 137' x 159'

Basement with Plumbing: ☐

Garage: ☐

NOTE In existing Tank

Water Supply: ☐ Well ☒ Public

☐ Community

PLEASE Add Filter & Tee

Distance From Well: 55 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☒ Conventional exist ☐ Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 115 ft. width of ditches 3 ft. depth of ditches 18 in.

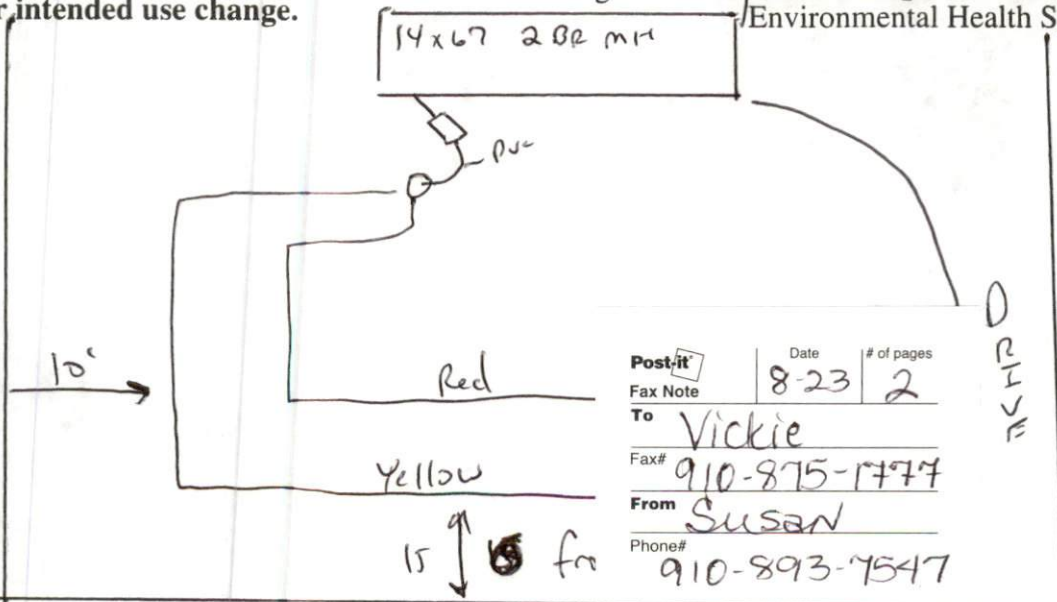
French Drain Required: _____ Linear feet

Date: 8-10-01

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

Signed: Jon Waters

Environmental Health Specialist



Meet on site Before Installing - must meet onsite
At least one day prior to installing
MAY HAVE TO ReRoute water Line Away from system
Maintain all set Backs

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 # 15234. 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.

Owner or Authorized Agent Dennis Thurbo

Name: _____ Telephone # 910-496-1813

Address: _____

Property Location: SR # 353 Ivey St. Road Name _____

New Installation _____ Repair ☒ Septic Tank _____ Nitrification Lines ☒

Subdivision Anderson Creek Lot # 34

Number of Bedrooms Proposed: 2 existing Lot size: 137 x 159 x 137 x 159

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public ☒ Minimum Well Setback: _____ ft.

Type of System: Conventional ☒ Other _____

Tank Volume: Septic Tank existing gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 115

Width of ditches 3 ft. Depth of ditches 18 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 8-10-01