

HTE REPAIR

## IMPROVEMENT PERMIT

20739

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) CHRIS BARNETTE / ANDERSON CREEK MHP☐ New Installation ☐ Septic TankProperty Location: SR# 1156 ARCADE ST☐ Repairs ☐ Nitrification LineSubdivision ANDERSON CREEK MHPLot # 4243A

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

Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3

Lot Size: \_\_\_\_\_

Basement with Plumbing: ☐Garage: ☐Water Supply: ☐ Well☒ Public☐ CommunityDistance From Well: 100 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: EXIST. gallons

Pump Tank: \_\_\_\_\_ gallons

Subsurface

No. of

exact length

width of

depth of

Drainage Field

ditches 2of each ditch 80 ft.ditches 3 ft.ditches 18-29 in.

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

Date: 4/2/04

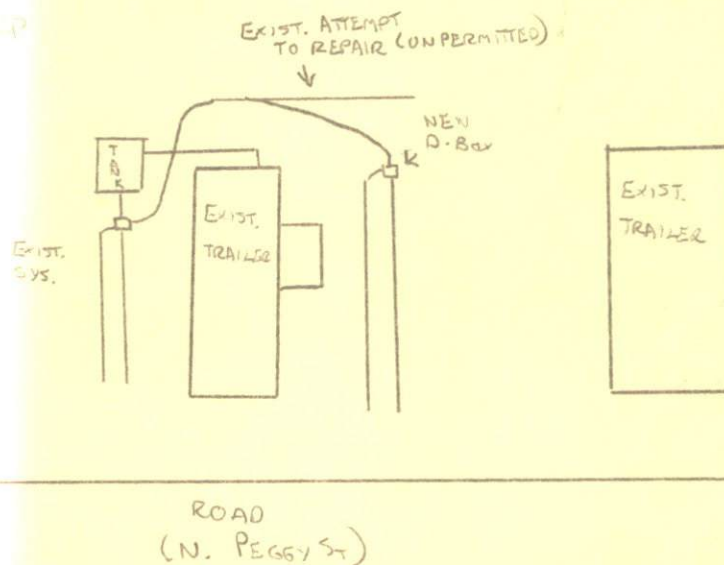
This permit is subject to revocation if site plans or intended use change.

Signed: [Signature] RS (OLIVER TOLKSOEFF)

Environmental Health Specialist

\* CUT INTO LINE TO ATTEMPT REPAIR AND  
FEED INTO NEW D-BOX

\* START LINE = AT 18" DEPT



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 # 20739. 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.*

CHRIS BARNETTE/ACMHP 964-0043  
Name Telephone #

71 N PEGGY ST PO Box 310 SPRING LAKE, NC 28390  
Address

1156 ARCHIE ST  
Property Location SR# Road Name

ACMHP 42543A 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: 100 Ft.

Septic Tank EXISTING gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 2 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.

RS  
Signature of Authorized Agent for Harnett County

4/2/04  
Date