

HTE REPAIR

IMPROVEMENT PERMIT

20749

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) DIANE FELMER (CLAYTON FARMS)☐ New Installation☐ Septic TankProperty Location: SR# NC210☒ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 Lot Size: 370 ac.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: EXIST gallons Pump Tank: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 75 ft. ditches 3 ft. ditches 24 in.

French Drain Required: _____ Linear feet

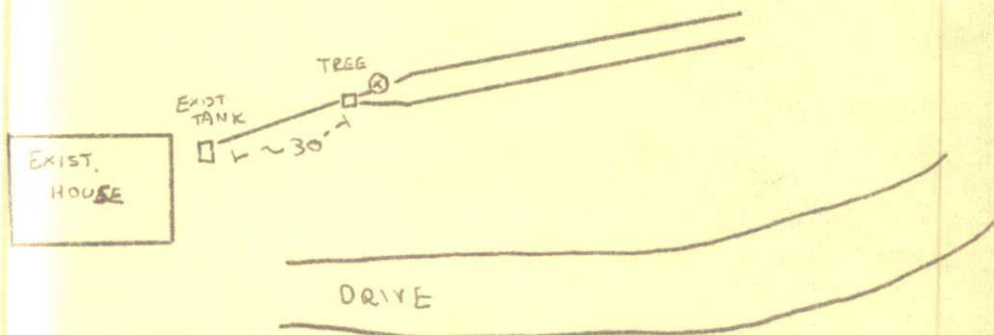
Date: 4/27/04

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

Signed: RS (OLIVER TOLKSDORF)
Environmental Health Specialist

Hwy 210

* MAINTAIN ALL SETBACKS

* CALL WITH ANY QUESTIONS
PRIOR TO INSTALLATION

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 # 20749. 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.*

DIANE FELMET (CLAYTON FARMS)

Name

893-4423 / 893-2999

Telephone #

6047 NC210 SOUTH BIRNLEVEL NC 28323

Address

HWY 210S

Property Location SR#

Road Name

Subdivision

Lot #

Bedrooms Proposed

2
370 AC

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 EXIST. gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 75 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.

[Signature]
Signature of Authorized Agent for Harnett County

4/27/04
Date