

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

No 14188

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) John Simpson☒ New Installation☒ Septic TankProperty Location: SR# 1715☐ Repairs☒ Nitrification LineSubdivision Meadow ridge Lot # 40

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .75Basement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50' ft.

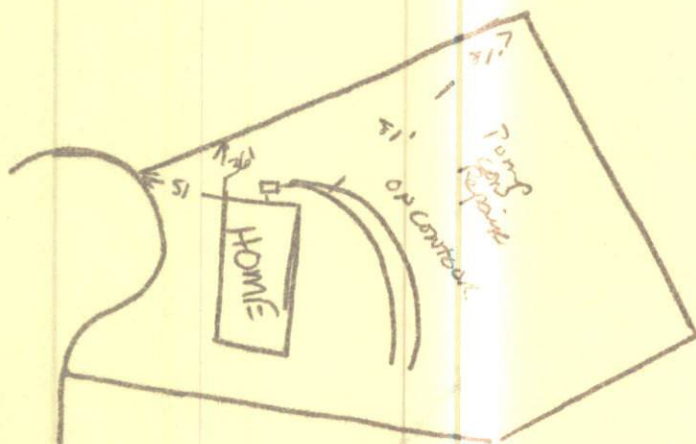
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☒ Conventional ☐ Other _____Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface Drainage Field No. of ditches 2 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18-20 in. ^{max.}French Drain Required: — Linear feetDate: 3-25-98

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

Signed: James E. M. Hart ^{res.}
Environmental Health Specialist

* maintain all setbacks
* RUN LINES ON CONTOUR
MAY NOT LOOK SAME AS
ON PICTURE.



AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14188. 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 _____

Name: John Simpson Telephone # 892-3620

Address: RT 7 Box 375 DUNN N.C. 28334

Property Location: SR # 1715 Road Name Meadowack

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision Meadowridge Lot # 40

Number of Bedrooms Proposed: 3 Lot size: .75

Basement ☐ With Plumbing ☐ Without Plumbing ☐

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

Type of System: Conventional ☒ Other ☐

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 2 Number of Lines per Field 2 Length of lines 150

Width of ditches 3 ft. Depth of ditches 18-20 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: James C. Mandant Pres. Date: 3-25-98