

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) Low A Gibson Construction☒ New Installation☒ Septic TankProperty Location: SR# 1535☐ Repairs☒ Nitrification LineSubdivision Bay Knight

Lot # _____

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3Lot Size: 3 acresBasement 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: 1200 gallons

Pump Tank: _____ gallons

Subsurface

No. of

exact length

width of

depth of

Drainage Field

ditches 3of each ditch 100 ft.ditches 3 ft.ditches 18-20 in.French Drain Required: - Linear feetDate: 4-7-97

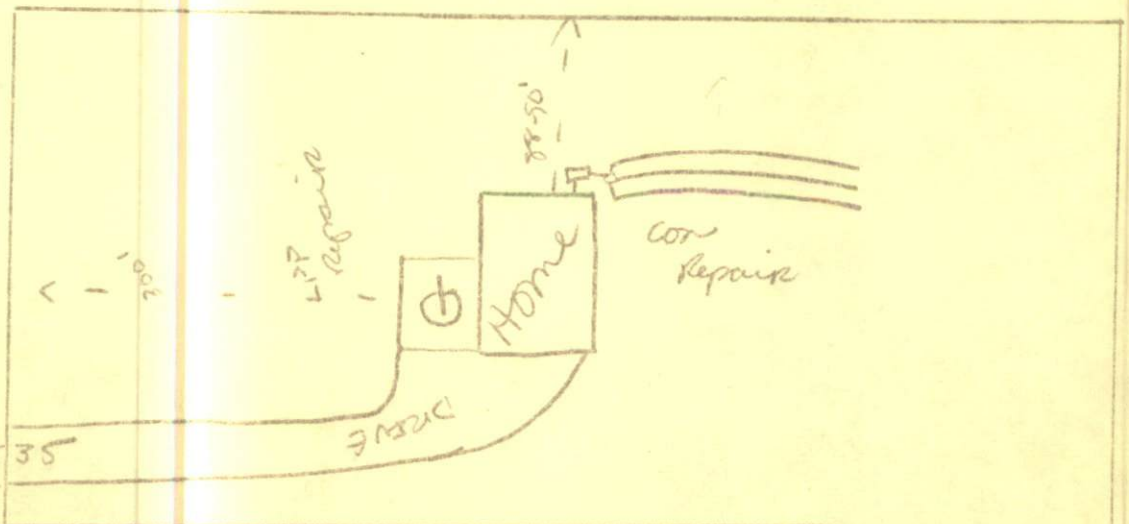
* This permit is subject to revocation if site plans or intended use change.

Signed: James E. Montfort

Environmental Health Specialist

* Maintain all setbacks* Contact Harnett County Health Dept IF any problems arise

VOID AFTER 5 YEARS



H ETT COUNTY HEALTH PA IMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 11796. 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 ~~Robert~~ Vernon + Kay Knight

Name: Row A Gilson Construction Telephone # 639-6100

Address: PO Box 969 Angier N.C. 2590

Property Location: SR # 1535 Road Name Mitchell Road

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 Lot size: 3 acres

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well ☒ Public ☒ Minimum Well Setback: 50' 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 3 Length of lines 100

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 E. Markert Date: 4-7-97