HARNETT COUNTY HEALTH DEPARTMENT

№ 10086

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) Danville Langdon ☒ New Installation ☒ Septic Tank

Property Location: SR# 1006 ☐ Repairs ☒ Nitrification Line

Subdivision Danville Langdon Lot # C

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .6/AC.

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: _____ ft.

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

Type of system: ☒ Conventional ☐ Other Pump to Conv.

Size of tank: Septic Tank: 900 gallons Pump Tank: 900 gallons

Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 67 ft. width of ditches 3 ft. depth of ditches 30 in.

French Drain required: _____ Linear feet

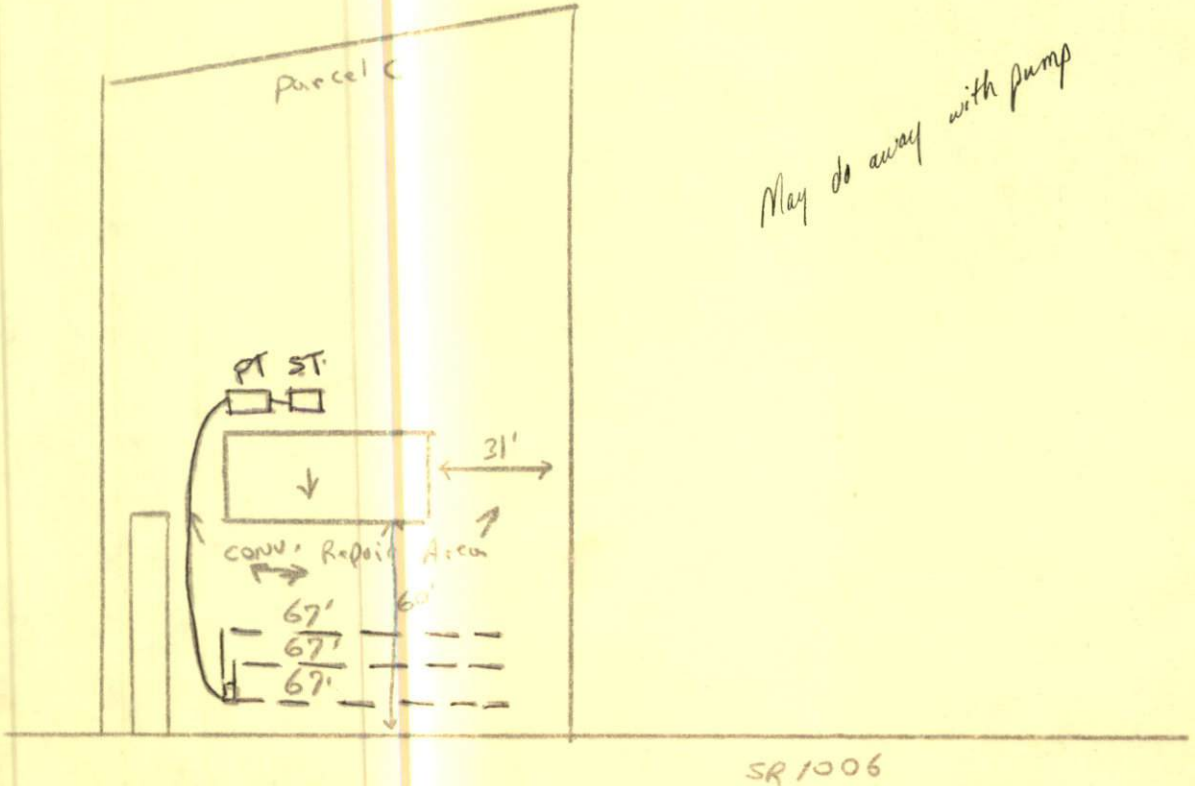
This permit is subject to revocation if site plans or intended use change.

Date: 5-26-96

Signed: Jeff Eudy

Environmental Health Specialist

VOID AFTER 5 YEARS



May do away with pump

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 # 100 86 . 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 Danville Langdon

Name: _____ **Telephone #** 639-4231

Address: Rt. 2 Angier N.C.

Property Location: SR # 1006 **Road Name** Old Stage Rd.

New Installation ✓ **Repair** _____ **Septic Tank** ✓ **Nitrification Lines** ✓

Subdivision Danville Langdon **Lot #** C

Number of Bedrooms Proposed: 3 **Lot size:** _____

Basement _____ **With Plumbing** _____ **Without Plumbing** _____

Water Supply: Well _____ **Public** ✓ **Minimum Well Setback:** _____ **ft.**

Type of System: Conventional ✓ **Other** Pump to Conv.

Tank Volume: Septic Tank 900 **gallons** **Pump Chamber** 900 **gallons**

Nitrification Field Specifications

Number of fields 1 **Number of Lines per Field** 3 **Length of lines** 3 at 67'

Width of ditches 3 **ft. Depth of ditches** 30 **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: Jeff Eudy **Date:** 5-26-96

(Revised 2/96)CNSTRCT.WPD