

HTE _____

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) Kenneth G. Hewter☐ New Installation☐ Septic TankProperty Location: SR# Oakridge Duncan Rd.☒ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Existing Lot Size: _____Basement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50 min 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: Existing gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 120 ft. ditches 3 ft. ditches 15-36 in.

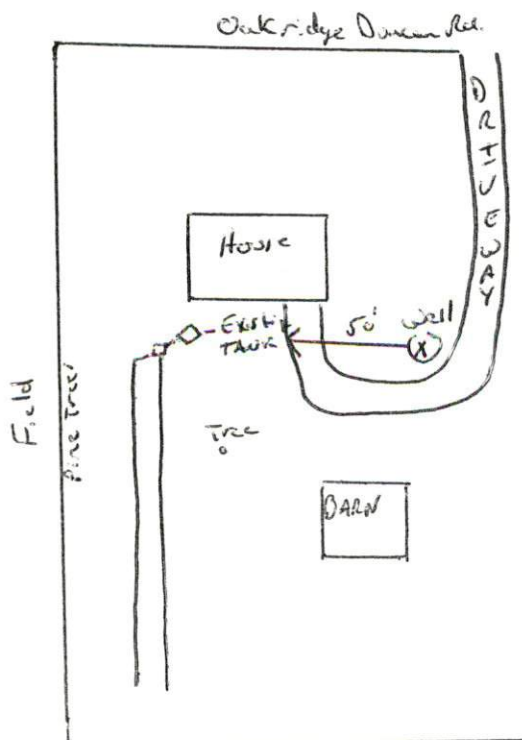
French Drain Required: _____ Linear feet

Date: 8/11/2009

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

Signed: Bryce McWaters
Environmental Health Specialist

* Maintain all set backs



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20547. 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.*

Kenneth G. Lewter 919 552-3219
Name Telephone #

301 Oakridge Duncan Rd. Fuquay Varina, N.C. 27526
Address

1409 Oakridge Duncan
Property Location SR# Road Name

Existing
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: 50m Ft.

Septic Tank Existing gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 120 Ft.

Width of ditches 3 ft. Depth of ditches 18-36 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.

Bryan McLean L.S.
Signature of Authorized Agent for Harnett County

8/11/2004
Date