

00-4000009

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) Jerry Hamilton / Hamilton Builders New Installation Septic Tank
Property Location: SR# 421 Repairs Nitrification Line

Subdivision Lee's Place Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .419 Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 30 ft.

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

Type of system: Conventional Other Low Pressure Pump System

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

Subsurface Drainage Field No. of ditches _____ of each ditch _____ ft. width of ditches _____ ft. depth of ditches _____ in.

French Drain Required: _____ Linear feet

Date: 10/31/2000

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

Signed: Bryan McSwain L.S.
Environmental Health Specialist

* All specifications for system including lay out are with attached copies.

* Contractor to meet on-site

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 # 16-722. 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: Hamilton Builders Telephone # 893-5395

Address: 286 E. Pine St. Lillington N.C. 27546

Property Location: SR # 421 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Lee's Place Lot # 4

Number of Bedrooms Proposed: 3 Lot size: .419 Ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50 ft.

Type of System: Conventional _____ Other Low Pressure Pump

Tank Volume: Septic Tank _____ gallons Pump Chamber _____ gallons

Nitrification Field Specifications - Attached

Number of fields _____ Number of Lines per Field _____ Length of lines _____

Width of ditches _____ ft. Depth of ditches _____ 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: Boyd McJannet R-S. Date: 10/31/2008