

III ROVEMENT PERM

01/2006

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) G. Jason Wamble
Property Location: SR# 1219
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Leslie Rd Estates Lot # 10

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (14x70) Lot Size: .43 AC

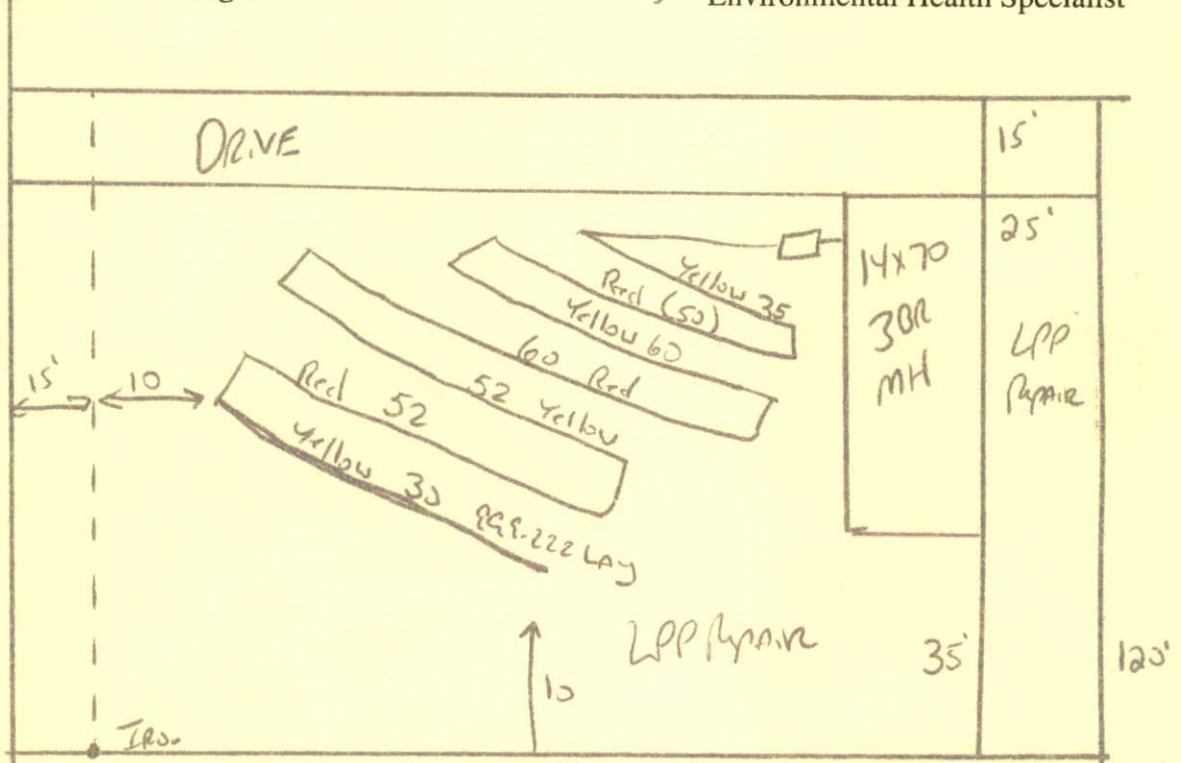
Basement with Plumbing: Garage: MUST meet on site
Water Supply: Well, Public, Community MUST use filter & markers
Distance From Well: 50 ft. \* Note change in house location \*

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

Type of system: Conventional, Other EEE-222 LAY
Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons
Subsurface Drainage Field: No. of ditches 1 exact length 320 ft. width of ditches 3 ft. depth of ditches 18 in.
French Drain Required: Linear feet

Date: 02-11-2000
Signed: J. W. [Signature] Environmental Health Specialist

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



MUST meet on site 18" MAX Ditch Depth maintain all st Baks
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM
\*NOTE Change in house location\*

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 # 13738. 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 G. Jason Womble

Name: \_\_\_\_\_ Telephone # 499-4149

Address: \_\_\_\_\_

Property Location: SR # 1219 Road Name \_\_\_\_\_

New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines

Subdivision Leslie Ref Est. Lot # 10

Number of Bedrooms Proposed: 3(14x70) Lot size: 43AC

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: \_\_\_\_\_ ft.

Type of System: Conventional \_\_\_\_\_ Other  EEC-222 Lay

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 1 Length of lines 320  
EEC-222 Lay

Width of ditches 3 ft. Depth of ditches 18 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: G. Jason Womble Date: 02-11-2000