

IN ROVEMENT PERM

011204

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 Womble
Property Location: SR# 1219 Leslie Rd
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Leslie Rd Est. Lot # 6

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (14x70) Lot Size: 0.74 AC

Basement with Plumbing: Garage: MUST meet onsite
Water Supply: Well, Public, Community MUST use filter & makee

Distance From Well: \* 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 Pumps Ultra shallow
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

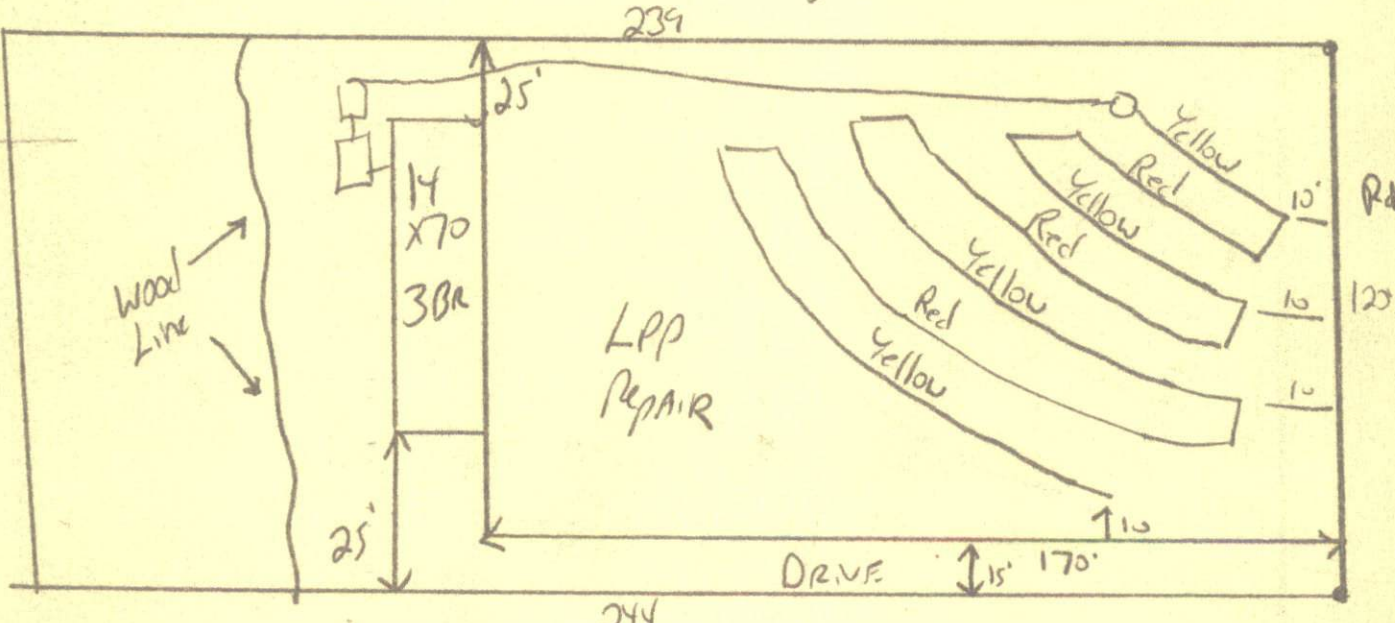
Subsurface Drainage Field No. of ditches 1 exact length 400 ft. width of ditches 3 ft. depth of ditches 12 MAX in.

French Drain Required: Linear feet

Date: 01-14-2000

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

Signed: J. U. ... Environmental Health Specialist



MUST meet onsite
\* Note changes in house location \*
12" MAX Ditch Depth
MUST BEING IN 8 TO 12" of COVER

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 # 13713. 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 # 776-3700

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

Property Location: SR # 1219 Road Name Lesik Rd

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

Subdivision Lesik Rd Est. Lot # 6

Number of Bedrooms Proposed: 3 (14x70) Lot size: 0.74 Ac

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 1000 gallons

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 1 Length of lines 400

Width of ditches 3 ft. Depth of ditches 12 <sup>max</sup> 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: Joe W. R. Date: 01-13-2000