

II IMPROVEMENT PERM

011209

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 New Installation Septic Tank
Property Location: SR# 129 Leslie Rd Repairs Nitrification Line

Subdivision Leslie Rd Est. Lot # 7

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (14x70) Lot Size: .99 Ac

Basement with Plumbing: Garage: MUST USE filter & marker

Water Supply: Well Public Community MUST meet onsite

Distance From Well: 50 ft. * NOTE change in how location *

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

Type of system: Conventional Other Pump to Ultra Shallow

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

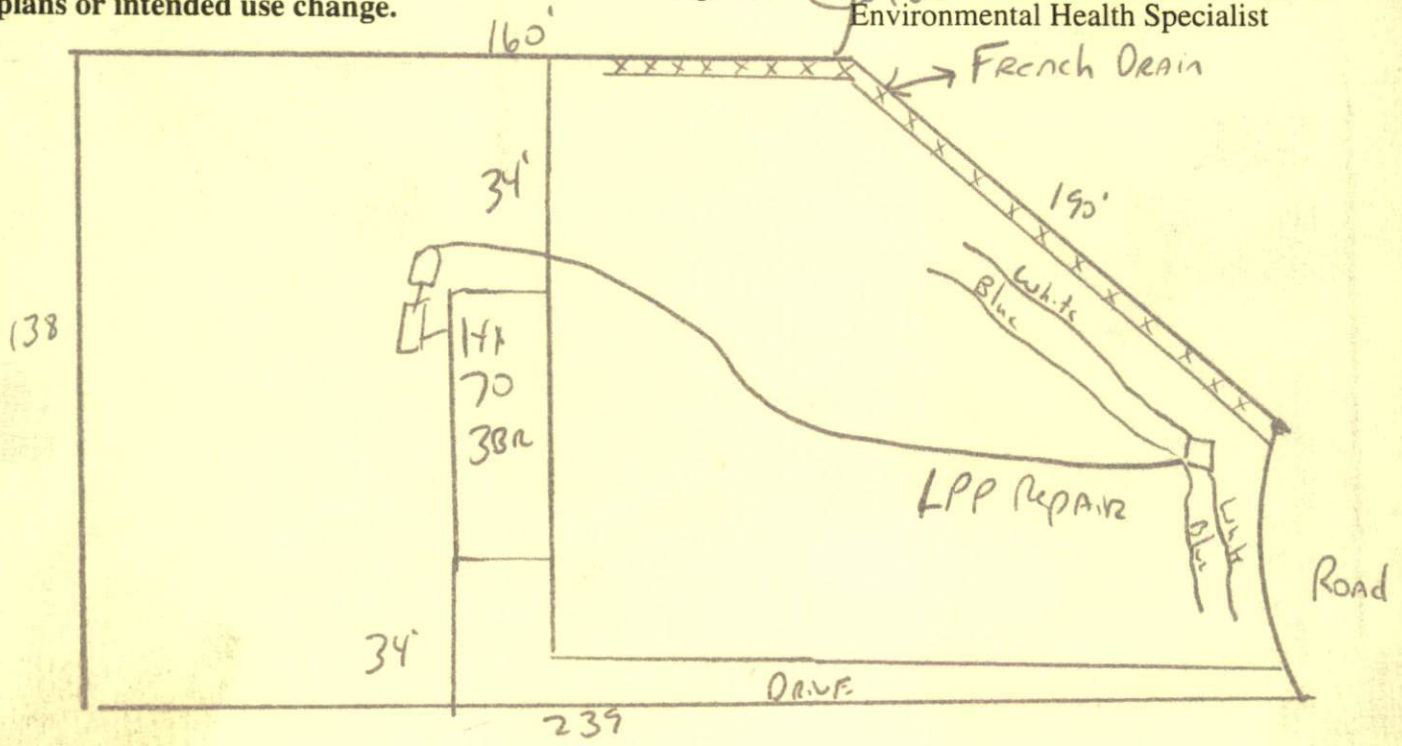
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 12 MAX in.

French Drain Required: _____ Linear feet

Date: 01-14-2000

Signed: [Signature]
Environmental Health Specialist

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



* MUST meet onsite *
* NOTE changes in how location *
12" MAX Ditch depths MUST bring in 8 to 12" of cover

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13714. 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 # 7

Number of Bedrooms Proposed: 3(14x70) Lot size: .99 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 4 Length of lines 100

Width of ditches 3 ft. Depth of ditches 12 ^{MAX} 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: [Signature] Date: 01-13-2000