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IMPROVEMENT PER T

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) Lisa Leigh Grandy New Installation Septic Tank

Property Location: SR# off 1120 Repairs Nitrification Line

Hwy 210 to Valley Road behind Barefoot Supply

Subdivision Dunwood Barefoot Lot #

Tax ID # 01-0505-0154 (Split) Quadrant # 0514-87-8348

Number of Bedrooms Proposed: FOUR Lot Size: 3 acres

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 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: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 90 ft. width of ditches 3 ft. depth of ditches 18-24 in.

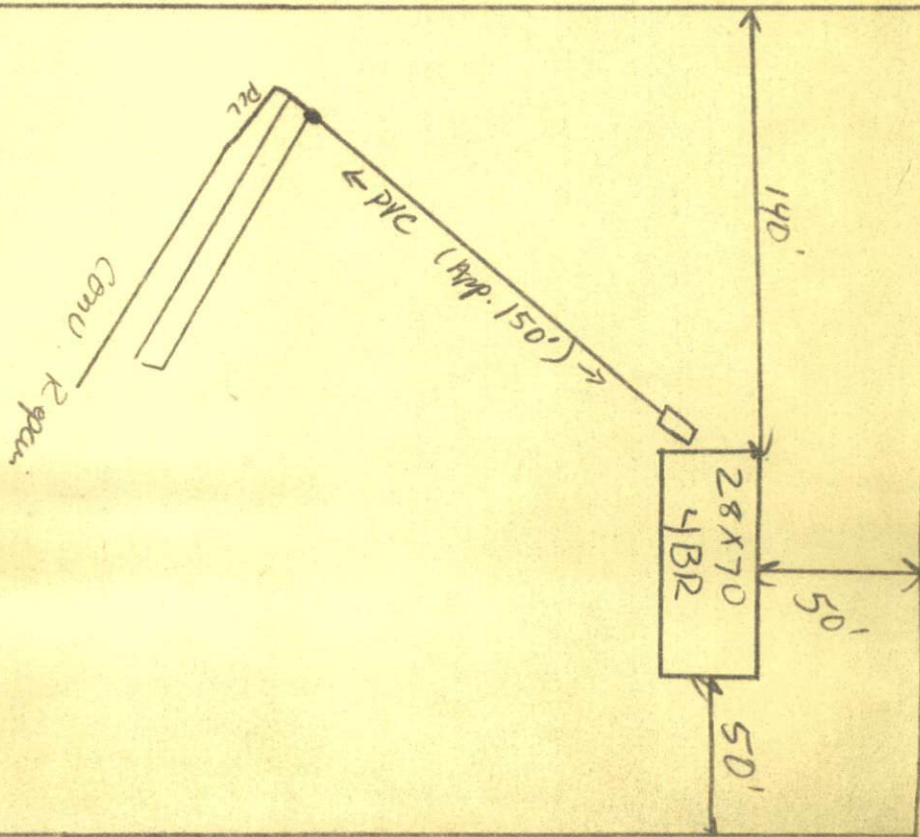
French Drain Required: _____ Linear feet

Date: 17 Feb 2009

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

Signed: Vernon R. Dodge
Environmental Health Specialist

* Contractor must meet on-site
* PVC Supply line from tank to d-box must be 36" deep if drive installed over pipe.
* Filter & manhole required.



1 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 # 16691. 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: Lisa Leigh Brandy Telephone # 436-4859

Address: 54 Little John Ln. Spring Lake, NC

Property Location: SR # off 1120 (Valley Rd.) Road Name off Overhills

New Installation Repair Septic Tank _____ Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: FOUR Lot size: _____

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 _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 90 feet

Width of ditches 3 ft. Depth of ditches 18-24 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: 17 Feb 2000