

IMPROVEMENT PERMIT

40000101

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) MARGARET GAUTIER  New Installation  Septic Tank

Property Location: SR# 1106  Repairs  Nitrification Line

Behind 3348 Hillman Grove Pl

Subdivision White Water Est. Lot # 4

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 2 (14x80) Lot Size: 5.05 AC

Basement with Plumbing:  Garage:  MUST meet onsite

Water Supply:  Well  Public  Community MUST use filter & marker

Distance From Well: 50 ft. site is limited to 2 BR only \*

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

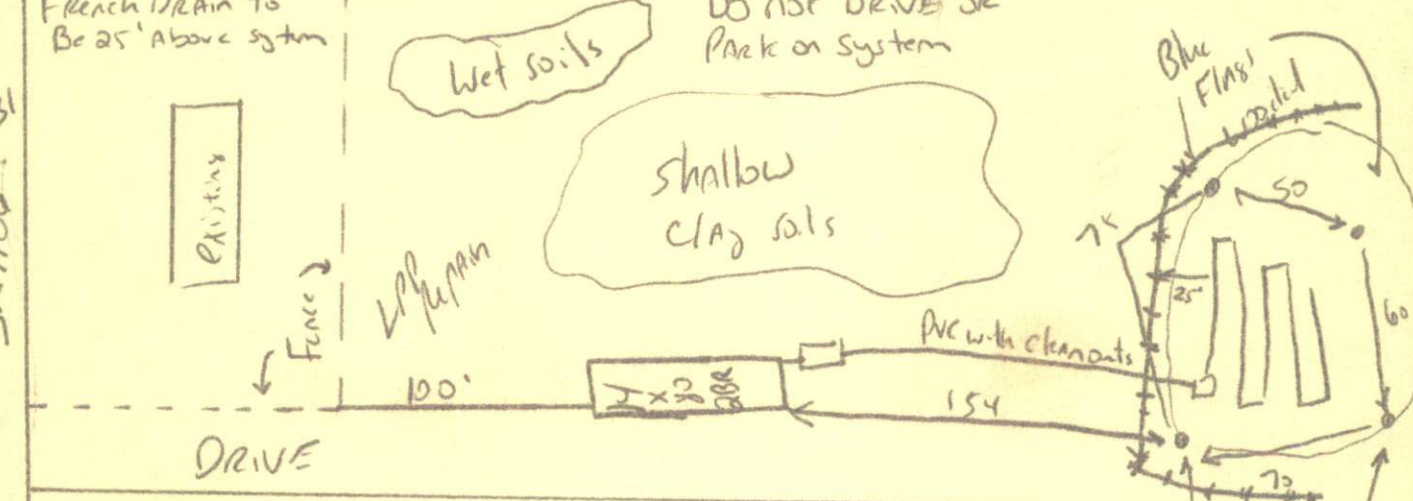
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18 in. MAX

French Drain Required: APPX 300' Linear feet

MUST PLACE French Drain Above system Date: 2-18-2000

This permit is subject to revocation if site plans or intended use change. Signed: Joe Waters Environmental Health Specialist

French Drain to be 36" Deep with 30" of gravel 1191



\*MUST meet onsite for Final Layout\* 1066 Blue Flag!

Layout may change 18" max ditch depth MAINTAIN ALL set BACKS DO NOT Remove FLAGS when cleaning \*Site is Limited to 2 BED Rooms\* DO NOT Remove Any soil From FLAGGED AREA - would be Best To hand clear - chainsaw MUST PLACE French Drain Around system



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 # 13748. 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 MARGARET GAUTIER

Name: \_\_\_\_\_ Telephone # 498-6381

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

Property Location: SR # 1106 Road Name \_\_\_\_\_

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

Subdivision White Water Est. Lot # 4

Number of Bedrooms Proposed: 2 Lot size: 5.55 AC

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

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: \_\_\_\_\_ 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 1 Length of lines 200

Width of ditches 3 ft. Depth of ditches 18 inches

French Drain: Linear feet required Appx 300 Depth of gravel 30"

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. [Signature] Date: 2-18-2000