

00-011357

HARNETT COUNTY HEALTH DEPARTMENT

No 17176

IMPROVEMENT PERMIT

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) Lesley Fipps☒ New Installation ☒ Septic TankProperty Location: SR# 2021☐ Repairs☒ Nitrification LineTitan Robert RoadSubdivision _____ Lot # 11Tax ID # 10-0577-0019-04Quadrant # 0587-04-7849Number of Bedrooms Proposed: THREE

Lot Size: _____

Basement with Plumbing: ☐Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50 ft.

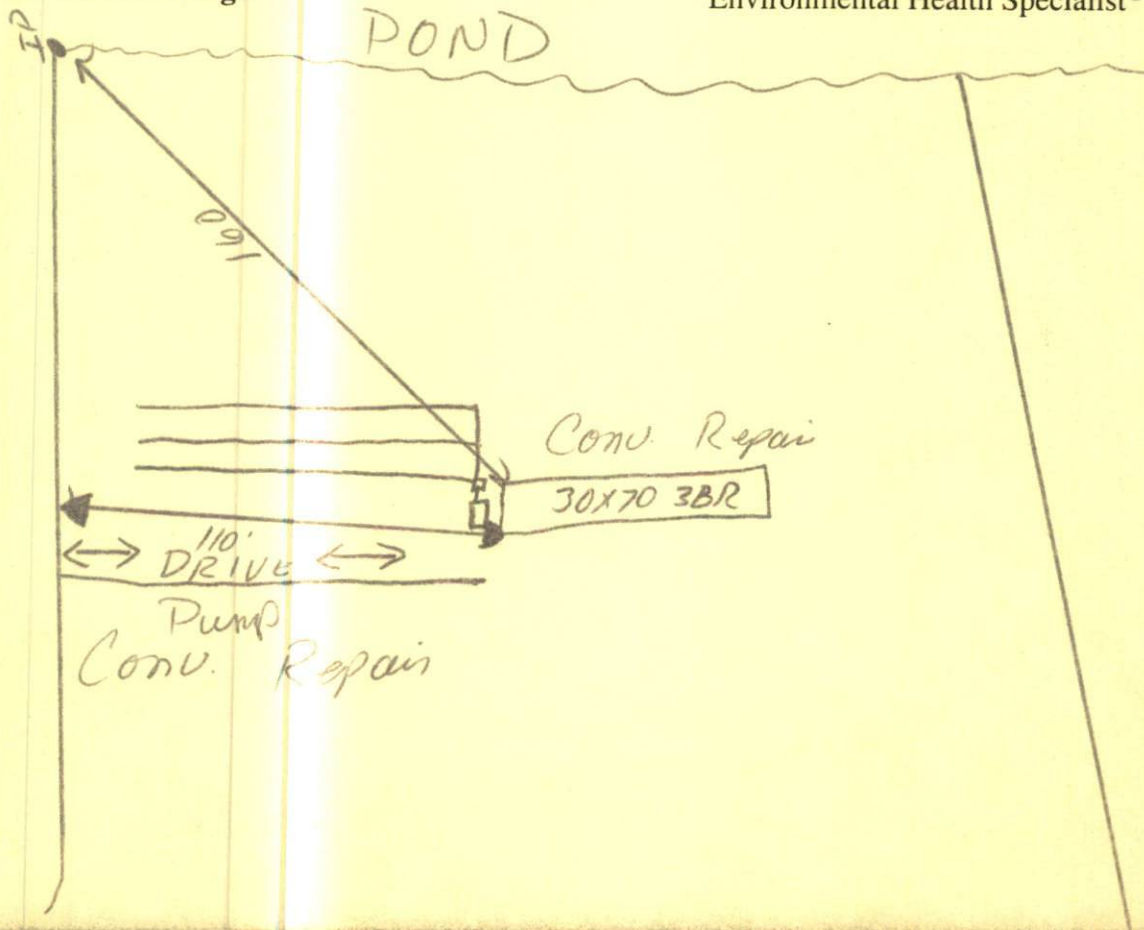
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☒ Conventional ☐ Other _____Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface Drainage Field No. of 3 exact length 100 width of 3 depth of 18
ditches of each ditch ft. ditches ft. ditches in.

French Drain Required: _____ Linear feet

Date: 11 April 2000

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

Signed: Vernest R. Dyer
Environmental Health Specialist

Land Use #
00-011357

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 # 17176. 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: _____

Telephone #

(910) 230-0396

Address: _____

510 North 12th Street Erwin, NC

Property Location: SR #

2021

Road Name

Joel Johnson

New Installation

☒

Repair

Septic Tank

☒

Nitrification Lines

☒

Subdivision _____

Lot #

11

Number of Bedrooms Proposed:

Three

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

100 feet

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: _____

Vernette Wood

Date: _____

11 April 2000