

00-4000441

IN.. ROVEMENT PERMI.

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) Gene Smith New Installation Septic Tank

Property Location: SR# 2045 Repairs Nitrification Line

7685 Elliott Bridge Road

Subdivision Trade winds Lot # 16

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Three Lot Size: _____

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 _____

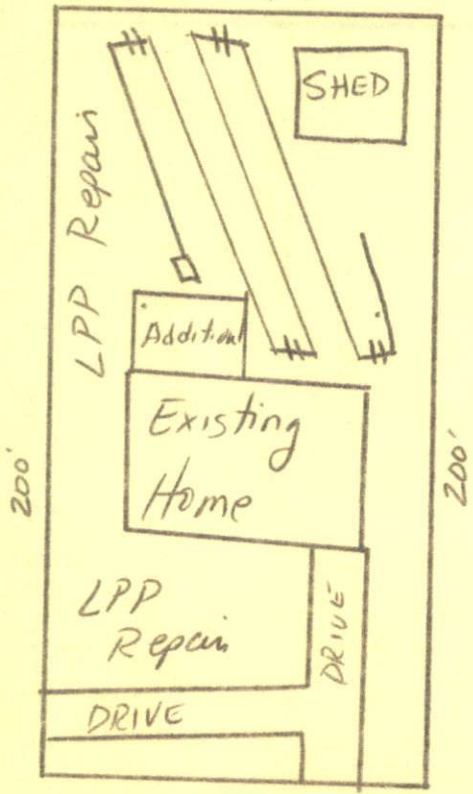
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of 1 exact length 350 width of 3 depth of 18 MAX
ditches 1 of each ditch 350 ft. ditches 3 ft. ditches 231 200 in.

French Drain Required: _____ Linear feet

Date: Wednesday 2009
Signed: Vendert B. Dodge
Environmental Health Specialist

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



Permit issued for new addition (see sketch) 231 200

Pump, crush and back fill old tank.

Set tank to achieve fall from existing stub.

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

00-4000441

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 76594. 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: Gene Smith Telephone # 497-5325

Address: 7685 Elliott Bridge Road Spring Lake, NC

Property Location: SR # 2045 Road Name Elliott Bridge

New Installation Repair Septic Tank Nitrification Lines

Subdivision Trade winds Lot # 16

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 1 Length of lines 350 feet

Width of ditches 3 ft. Depth of ditches 18 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: Vernon R. Day Date: 10 May 2000