

00-40000464

HARNETT COUNTY HEALTH DEPARTMENT

No 17784

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) Bennie Smith☒ New Installation☒ Septic TankProperty Location: SR# 1514 Dry Creek☐ Repairs☒ Nitrification LineSubdivision Bennie Smith

Lot # _____

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 2Lot Size: 1ABasement with Plumbing: ☐Garage: ☐Water Supply: ☒ Well☐ Public☐ CommunityDistance From Well: 100 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

No. of

exact length

width of

depth of

Drainage Field

ditches 3of each ditch 80

ft.

ditches 3

ft.

ditches 18.24 in.

French Drain Required: _____ Linear feet

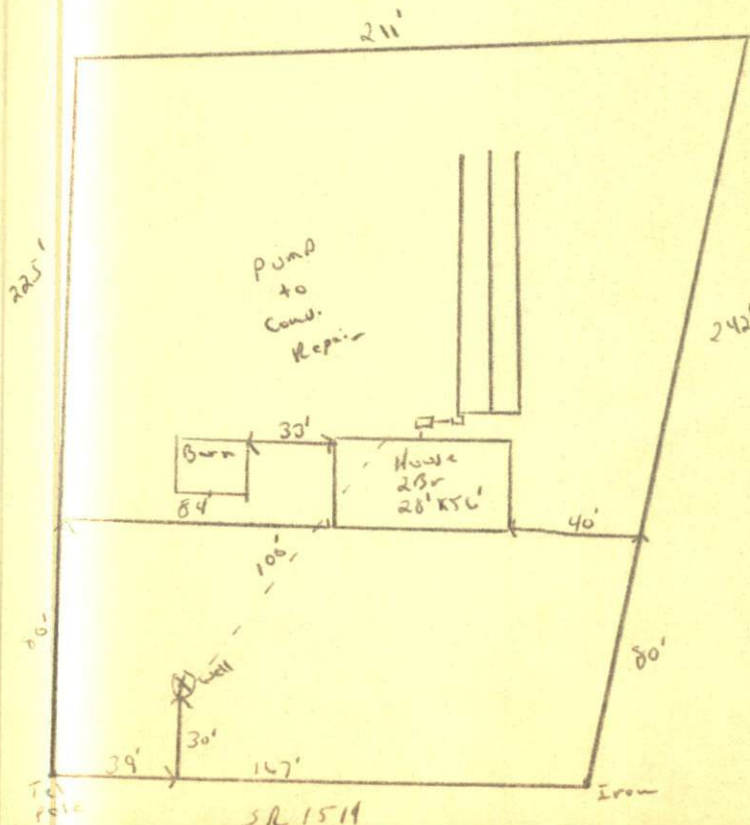
Date: 5/17/2000

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

Signed: Bryan McSwain R.S.

Environmental Health Specialist

*Maintain all setbacks



**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 # 17784. 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: Bennie Smith Telephone # 639-0244

Address: P.O. Box 1574 Coats NC 27521

Property Location: SR # 1514 Road Name Dry Creek

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision Bennie Smith Lot # _____

Number of Bedrooms Proposed: 2 Lot size: 1 Ac

Basement ☐ With Plumbing ☐ Without Plumbing ☐

Water Supply: Well ☒ Public ☐ Minimum Well Setback: 100 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 80 ft.

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: Bryan M. Swain R.S. Date: 5/17/2000