

00-011433

HARNETT COUNTY HEALTH DEPARTMENT

No 17790

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) Tammy Leese☒ New Installation☒ Septic TankProperty Location: SR# 1561 Bailey Rd.☐ Repairs☒ Nitrification LineSubdivision Moore

Lot # _____

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3Lot Size: 1.65 AcBasement with Plumbing: ☐Garage: ☐Water Supply: ☐ Well☒ Public☐ CommunityDistance From Well: 50 m. 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 2of each ditch 75 ft.ditches 3 ft.ditches 18-20 in.

French Drain Required: _____ Linear feet

Date: 5/24/2000

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

Signed: Bryan M. Linn R.S.

Environmental Health Specialist

SR 1561

* Maintain setbacks
- Min 15' from Pool

* Run ditches on
contour

Existing

Building

Pool

63'

33'

MH 20' x 50'
30rLPP
Repair

Woods

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 # 17790. 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: Tammy Lewis Telephone # 894-5992

Address: 724 Bailey Rd. Coats, N.C. 27521

Property Location: SR # 1561 Road Name Bailey

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision Moore Lot # _____

Number of Bedrooms Proposed: 3 Lot size: 1.65 Ac

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 2 Length of lines 75 ft.

Width of ditches 3 ft. Depth of ditches 18-20 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. Lewis L.S. Date: 5/24/2000