

00-011469

## HARNETT COUNTY HEALTH DEPARTMENT

No 17506

## 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) Jeff Huber☒ New Installation ☒ Septic TankProperty Location: SR# 401☐ Repairs ☒ Nitrification LineSubdivision Woodview Lot # 19

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

Number of Bedrooms Proposed: 3 Lot Size: .58 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.

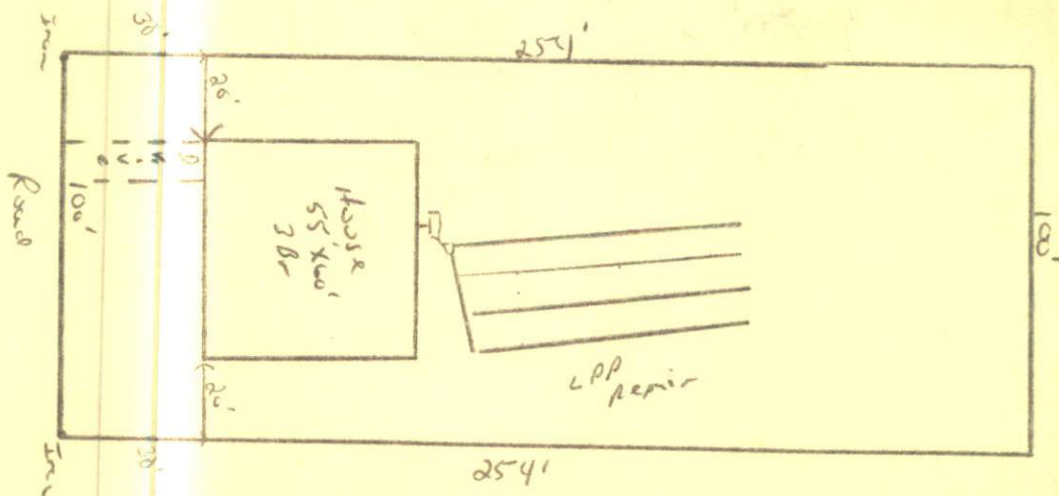
Type of system: ☒ Conventional ☐ Other \_\_\_\_\_Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallonsSubsurface Drainage Field No. of ditches 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18.24 in.

French Drain Required: \_\_\_\_\_ Linear feet

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

Date: 6/22/2000Signed: Bryan M. Lewis R.S.  
Environmental Health Specialist

\* Maintain setbacks  
\* Run lines on contour



# HELETT 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 # 17506. 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: Jeff Huber Telephone # 919-639-7839

**Address:** P.O. Box 2105 L.ington, NC 2746

Property Location: SR # 401 Road Name \_\_\_\_\_

**New Installation**        **Repair**        **Septic Tank**        **Nitrification Lines**       

Subdivision Woolview Lot # 19

**Number of Bedrooms Proposed:** 3      **Lot size:** .58 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 4 Length of lines 75 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: Bryce McJannet R. S. Date: 6/22/2000