HARNETT COUNTY HEALTH DEPARTMENT № 16652
IPROVEMENT 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 Huba___   ☒ New Installation   ☒ Septic Tank
Property Location: SR# ___1120___   ☐ Repairs   ☒ Nitrification Line

Subdivision ___Stone Cross___   Lot # ___31___

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 _____

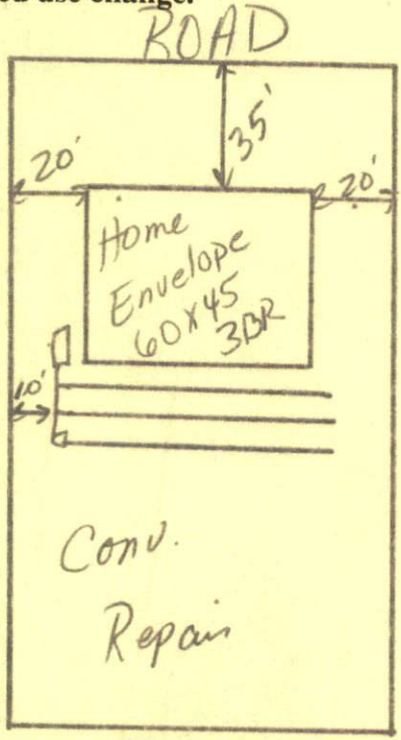Size of tank: Septic Tank: ___1000___ gallons   Pump Tank: _____ gallons

Subsurface Drainage Field   No. of ditches ___3___   exact length of each ditch ___70___ ft.   width of ditches ___3___ ft.   depth of ditches ___30"___ in.

French Drain Required: _____ Linear feet

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

Date: ___06 Dec 1999___
Signed: ___Vincent R. Dodge___
Environmental Health Specialist

* set tank shallow
* markers + filter required

ROAD
20'   35'   20'
Home Envelope 60×45 3BR
10'

Conv. Repair

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications describe by Harnett County Health Department Improvement Permit # __16652__. 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 # __639-7839__

Address: ___PO Box #2105   Lillington, NC___

Property Location: SR # ___1120___ Road Name ___Overhills___

New Installation __X__ Repair _____ Septic Tank __X__ Nitrification Lines __X__

Subdivision ___Stone Cross___ Lot # __31__

Number of Bedrooms Proposed: ___Three___ Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public __X__ Minimum Well Setback: __50__ ft.

Type of System: Conventional __X__ 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 __70__

Width of ditches __3__ ft. Depth of ditches __30__ 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: ___Vincent R. _____ Date: __06 Dec 1999__

(Revised 2/96)CNSTRCT.WPD