

1-5-3604R

HARNETT COUNTY HEALTH DEPARTMENT

No 20090

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) HOWARD LUCAS☒ New Installation☒ Septic TankProperty Location: SR# 1128 DARROCH RD☐ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 10.12 ACBasement 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: _____ gallonsSubsurface Drainage Field No. of ditches 4 exact length of each ditch 80 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.

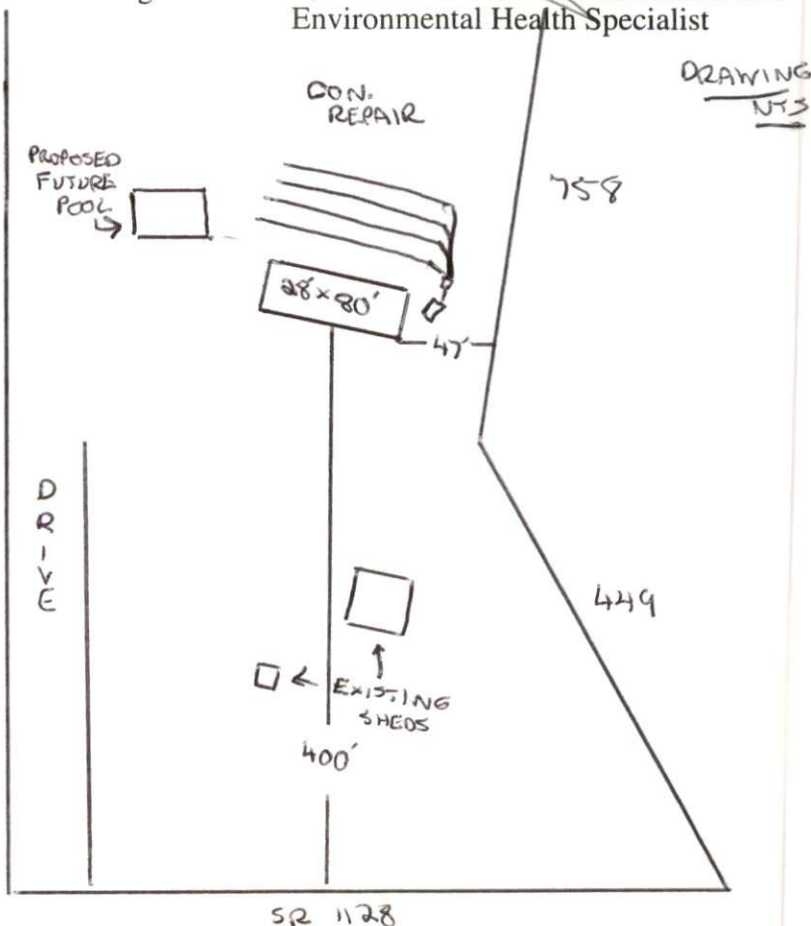
Date: 6/24/03

Signed: _____

Environmental Health Specialist

RS (OLIVER TOLKSDORF)

* MAINTAIN ALL SETBACKS

* CALL WITH ANY QUESTIONS
PRIOR TO INSTALLATION

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 # 20090. 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.

Name HOWARD LUCAS Telephone# 814-0554
Address 7657 FLETCHER AVE FAYETTEVILLE NC 28303
Property Location SR# 1128 DABROCH RD Road Name _____
Subdivision _____ Lot # 4 # Bedrooms Proposed _____ Lot Size 10.72 AC

TYPE OF SYSTEM

☒ New Installation [] Repair ☒ Septic Tank ☒ Nitrification Lines
☒ Conventional [] Other _____
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well ☒ Public Water Supply Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITIRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 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.

Signature of Authorized Agent for Harnett County of Harnett

6/24/03
Date