

IMPROVEMENT PERMIT

03-5-5973

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) Tonya Benson

New Installation

Septic Tank

Property Location: SR# NC 27

Repairs

Nitrification Line

Subdivision Timberline Estates

Lot # 9

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

Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 (28x80)

Lot Size: 1.88 ac

Basement with Plumbing:

Garage:

*Please note changes*

Water Supply:  Well  Public

Community

*In house location*

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 1 exact length 240 ft. width of ditches 3 ft. depth of ditches 18 in.

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

Date: 12-9-02

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

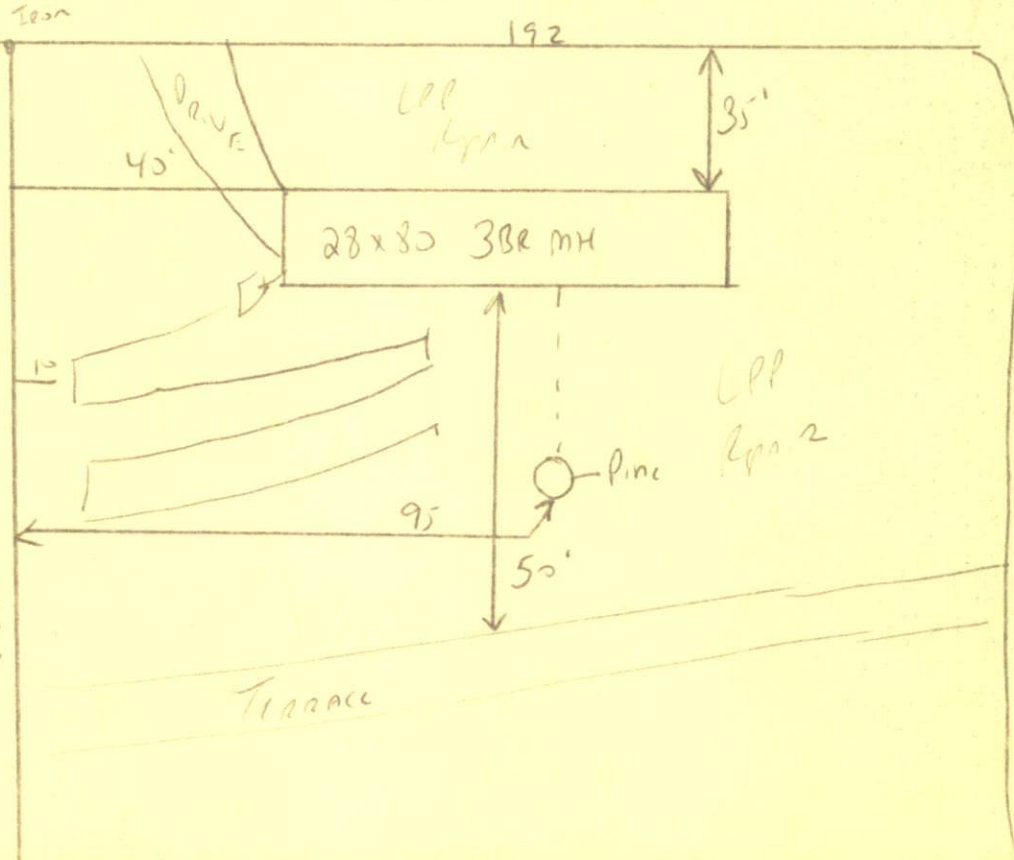
Signed: Joe Linder

Environmental Health Specialist

*↑ to HW 27*

*Road*

Do not Drive or park on septic system  
Maintain All setbacks  
Keep system within property line & pine tree  
NOTE change in house location  
In house is not placed as shown  
Pump will be required



*Road*

HARNETT COUNTY HEALTH DEPARTMENT  
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19915. 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.

Tonya Benson Name 919-906-4069 Telephone #

Address

Nc 27

Property Location SR# Road Name

Timberline Estates 9 3(28x80) 1.84 AC

Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation  Repair  Septic Tank  Nitrification Lines

Conventional Other \_\_\_\_\_  Basement  With Plumbing  Without Plumbing

Water Supply:  Well  Public - Minimum Well Setback: 50 Ft.  
Septic Tank 1000 Pump Chamber \_\_\_\_\_

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 18 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] Signature of Authorized Agent for Harnett County 12-9-02 Date