

03-5-6403

REV

HARNETT COUNTY HEALTH DEPARTMENT

No 19747

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) Kevin D. Merritt

New Installation

Septic Tank

Property Location: SR# 1412 Christian Light Rd.

Repairs

Nitrification Line

Subdivision Haver-Hill Place

Lot # 2

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3

Lot Size: 1 Ac.

Basement with Plumbing:

Garage:

Water Supply: Well Public

Community

Distance From Well: 50 min 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 24

Drainage Field ditches 3 of each ditch 100 ft. ditches 3 ft. ditches 10 in. ~~18~~

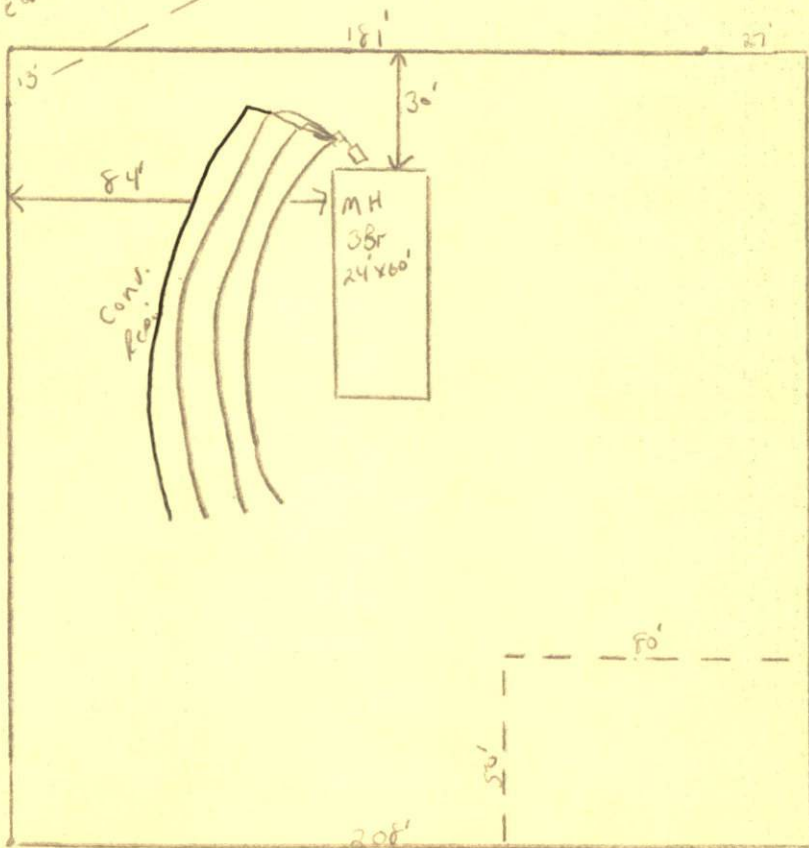
French Drain Required: _____ Linear feet

Date: 2/14/2003 2-28-03

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

Signed: Bryan M. Lewis R.S.
Environmental Health Specialist

- * Maintain all setbacks
- * ~~Ditches to be installed at 60 inches No deeper + not any shallower~~ 19'
- * Ditches to be run on contour



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 # 19747. 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 Kevin D. Merritt Telephone# 919 577 6385

Address 2446 Christian Light Rd Fuquay Varina, N.C. 27526

Property Location SR# 1412 Road Name Christian Light

Subdivision Haver Hill Place Lot # 2 # Bedrooms Proposed 3 Lot Size 1 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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 34 ft. Depth of ditches 634 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 Bryan M. Lewis R.S.

Date 2/14/2003 2-28-03