

IMPROVEMENT PERMIT

03-56677

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) Michael & Jodee Kelly
Property Location: SR# 1109 Flann McPherson
[X] New Installation [X] Septic Tank
[X] Repairs [X] Nitrification Line

Subdivision Doyle Wicker Jr. Lot # 2

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

Number of Bedrooms Proposed: 2 (14x80) Lot Size: 6.36 AC

Basement with Plumbing: [ ] Garage: [ ] Meet on site for final

Water Supply: [ ] Well [X] Public [ ] Community Layout must bring in

Distance From Well: 50 ft. 8 to 12" 1 approved cover soil

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: [X] Conventional [ ] Other \_\_\_\_\_

Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

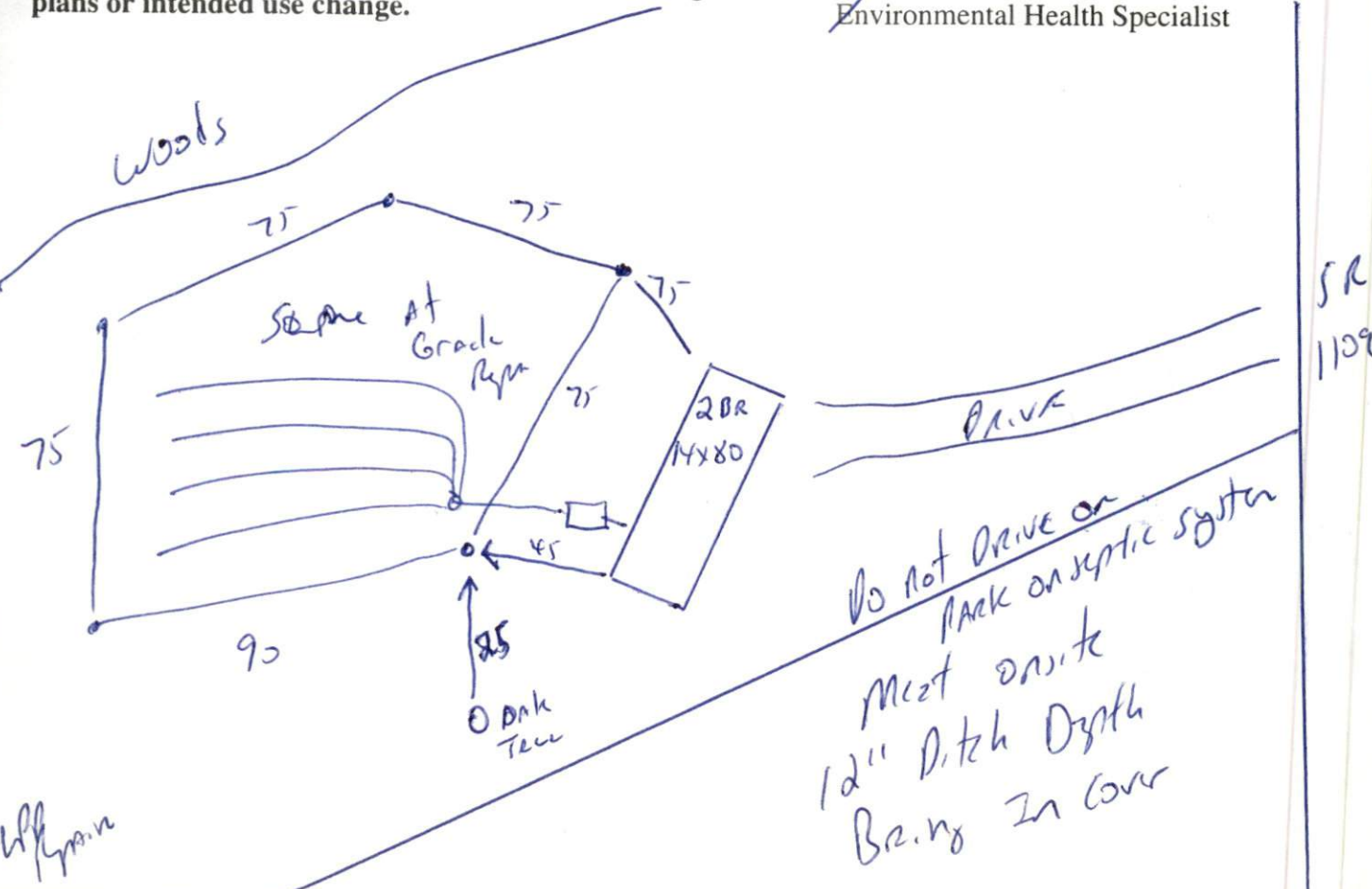
Subsurface Drainage Field No. of ditches 4 exact length 80 width of 3 depth of 12 max in.

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

Date: 03-25-03

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

Signed: Joe Wicker Environmental Health Specialist



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 # 19282. 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 Michael & Jodee Kelly Telephone# 499-9318

Address \_\_\_\_\_

Property Location SR# 1109 Road Name \_\_\_\_\_

Subdivision Doyle Vicher Tr Lot # 2 # Bedrooms Proposed 2 (14x8) Lot Size 6.36Ac

**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 4 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 12 max 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 [Signature] Date 3-25-03