

03-5-6928

HARNETT COUNTY HEALTH DEPARTMENT

No 20069

# 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) DUVAL, DONNA  New Installation  Septic Tank  
Property Location: SR# 2067 TEMPLE RO  Repairs  Nitrification Line

Subdivision \_\_\_\_\_ Lot # 17

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

Number of Bedrooms Proposed: 4 Lot Size: 2.92ac

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance 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: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 90 ft. width of ditches 3 ft. depth of ditches 26 in.

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

Date: 5/1/03

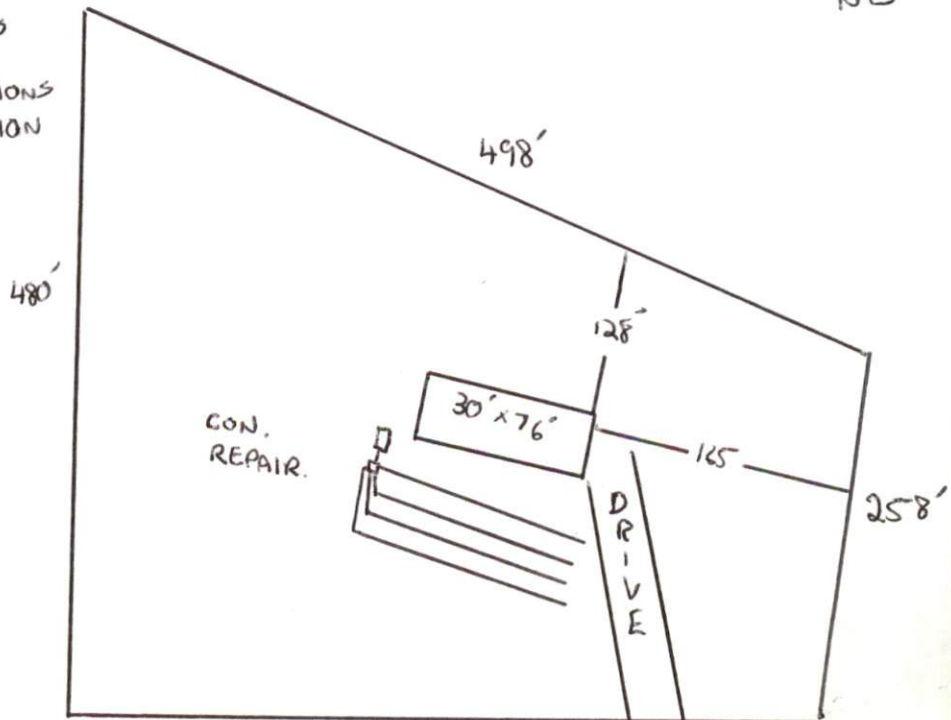
This permit is subject to revocation if site plans or intended use change.

Signed: [Signature] RS (OLIVER TOLKSDORF)  
Environmental Health Specialist

DRAWING  
NTS

\* MAINTAIN ALL SETBACKS

\* CALL WITH ANY QUESTIONS  
PRIOR TO INSTALLATION



SR 2067

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 # 20069. 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 DOVAL, DONNA Telephone# 919-404-2887

Address 1318 STALLINGS ZEBULON NC 27597

Property Location SR# 2067 Road Name TEMPLE RD

Subdivision \_\_\_\_\_ Lot # 17 # Bedrooms Proposed 4 Lot Size 2.92AC

**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

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 4 Length of lines 90 Ft.

Width of ditches 3 ft. Depth of ditches 26 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 5/1/03