

03-5-7154

HARNETT COUNTY HEALTH DEPARTMENT

No 20145

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) Julie E. Kelly New Installation Septic Tank
Property Location: SR# 1205 Olive Rd Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 2.08 Ac

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 1 exact length of each ditch 400 ft. width of ditches 3 ft. depth of ditches 12 in. MAX 6 in. of cover

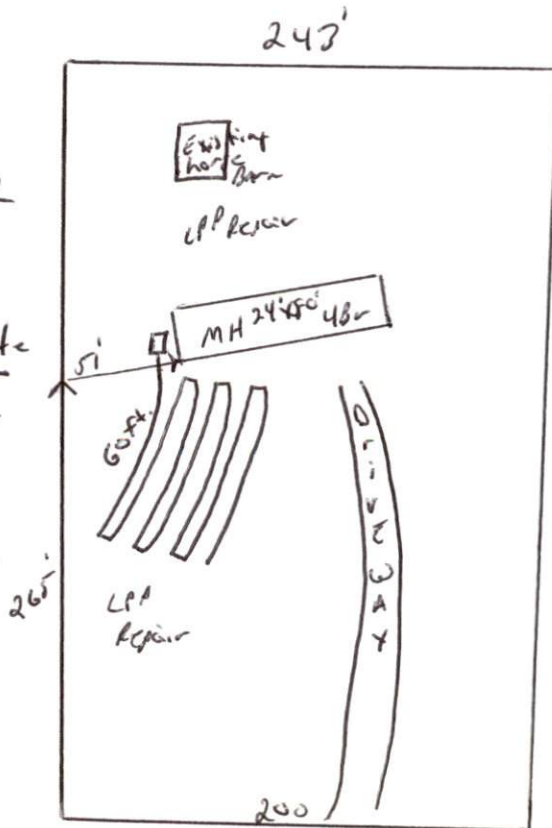
French Drain Required: _____ Linear feet

Date: 6/4/2003

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

Signed: Bryan McSwain R.S.
Environmental Health Specialist

- * Maintain all setbacks
- * Run ditch on contour
- * 12 inches Max ditch depth
6 inches of cover required over system
- * Contractor to meet on-site
prior to installing system
- * Each run of ditch to be NO longer than 60ft.



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 # 20145. 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 Julie E. Kelly Telephone# 919-499-2899

Address P.O. Box 356 Olive, NC 28348

Property Location SR# 1205 Road Name Olive

Subdivision _____ Lot # 4 # Bedrooms Proposed _____ Lot Size 2.48 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

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 400 Ft.

Width of ditches 3 ft. Depth of ditches 12 inches max
6 inches of cover required

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 6/5/2003