

HTE 03-5-7443R

HARNETT COUNTY HEALTH DEPARTMENT

20297

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) Ernestine Jackson

New Installation Septic Tank
 Repairs Nitrification Line

Property Location: SR# NC27

Subdivision Timberline Estates

Lot # 2

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 4 (28x80)

Lot Size: 1.00 AC

Basement with Plumbing:

Garage:

Water Supply: Well

Public

Community

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

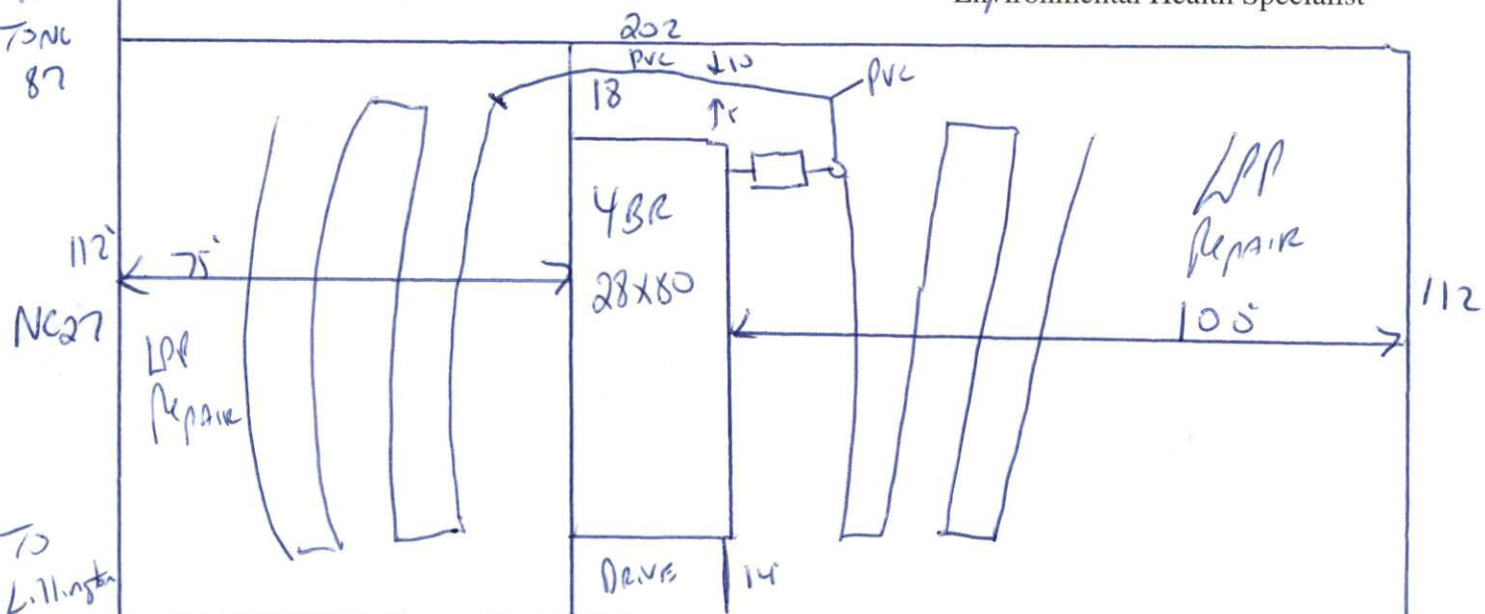
Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 270 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 10-13-03

Signed: J. Adams
Environmental Health Specialist

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



STUB out Plumbing shallow - maintain all set Backer
Do not Drive on tank or septic system
Meet on site Final layout may change

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 # 20297. 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.

Ernestine Jackson
Name _____ Telephone# _____

Address
M 27

Property Location SR# _____ Road Name _____
Timber Line EA 2 4 (28x80) 1.22 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 Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 275 Ft.

Width of ditches 3 ft. Depth of ditches 18 MAT 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] 10-17-07
Signature of Authorized Agent for Harnett County of Harnett Date