

HTE 03-5-7527

# 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) HENSLEY, TAMMY REYNA

- New Installation
- Septic Tank
- Repairs
- Nitrification Line

Property Location: SR# 2035 STOCKYARD RD

Subdivision STOCKYARD RD EST II Lot # 41

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

Number of Bedrooms Proposed: 4 Lot Size: .69 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 7 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18-24 in. <sup>MAX</sup>

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

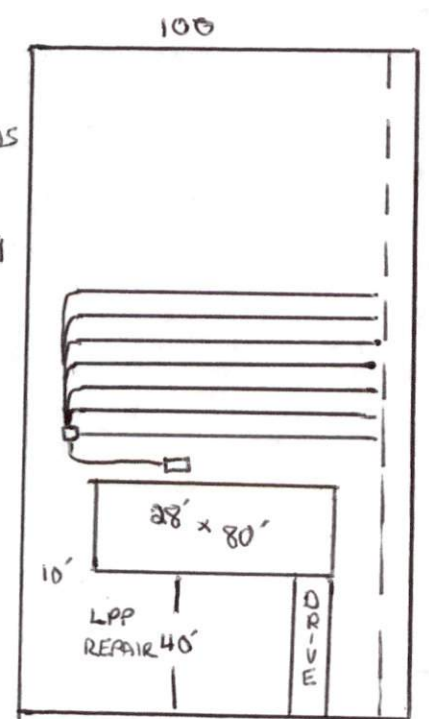
Date: 7/23/03

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

Signed: [Signature] Environmental Health Specialist

\* MAINTAIN ALL SETBACKS  
\* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

299



DRAWING NTS

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 # 20205. 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.

TAMMY REYNA HENSLEY 919-567-2459  
Name Telephone#

PO Box 523 ANGIER NC 27501  
Address

2035 STOCKYARD RD  
Property Location SR# Road Name

Stockyard Rd Ext 41 4 .69 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: 100 Ft.

Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

**NITIRFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 7 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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]  
Signature of Authorized Agent for Harnett County of Harnett

7/23/03  
Date