

HTE 03-5-7834 R
0803 R

IMPROVEMENT PERMIT

20293

Revision

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) Claudia Pace New Installation Septic Tank
Property Location: SR# NC87 Repairs Nitrification Line

Subdivision Hilda Curran Lot # —

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x64) Lot Size: 1.45 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 ultra shallow conventional

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

Subsurface Drainage Field No. of ditches 5 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 12 in. ^{max}

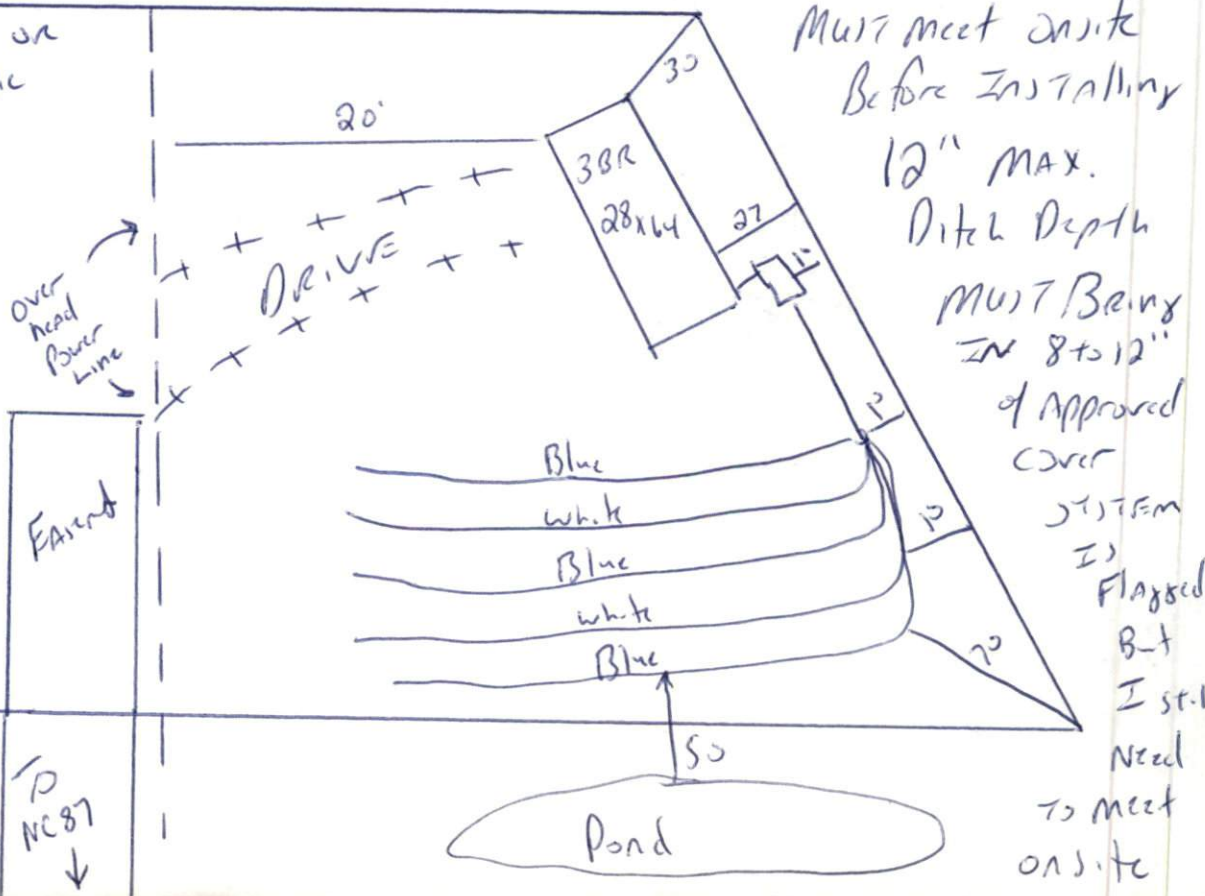
French Drain Required: _____ Linear feet

Date: 10-10-03

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

Signed: [Signature]
Environmental Health Specialist

Do not Drive or Park on septic SYSTEM



MUST meet onsite Before installing 12" MAX. Ditch Depth MUST BEING IN 8 to 12" of approved cover SYSTEM IS Flagged BUT I still need to meet onsite

Modified LPP Repair possible Pre-treat ment

Over head Power Line
Driveway
50
Pond
To NC87

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 # 20293. 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 Claudia Pace Telephone# _____

Address _____

Property Location SR# NE 87

Subdivision Hilda Curran Lot # — # Bedrooms Proposed 3 (28x64) Road Name 1.75 Lot Size

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank [] Nitrification Lines

[] Conventional [] Other ultra shallow

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 5 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 90 Ft.

Width of ditches 3 ft. Depth of ditches 12 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 10-10-03