

HTE 04-5-874RR

IMPROVEMENT PERMIT

20439

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) William Grodski
Property Location: SR# Faely
New Installation [X]
Repairs [ ]
Septic Tank [X]
Nitrification Line [X]

Subdivision Joseph Strickland Lot # 22

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_
Number of Bedrooms Proposed: 3 (14x70) Lot Size: 1.04 ac

Basement with Plumbing: [ ] Garage: [ ]
Water Supply: [ ] Well [X] 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: [X] Conventional [ ] Other \_\_\_\_\_

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

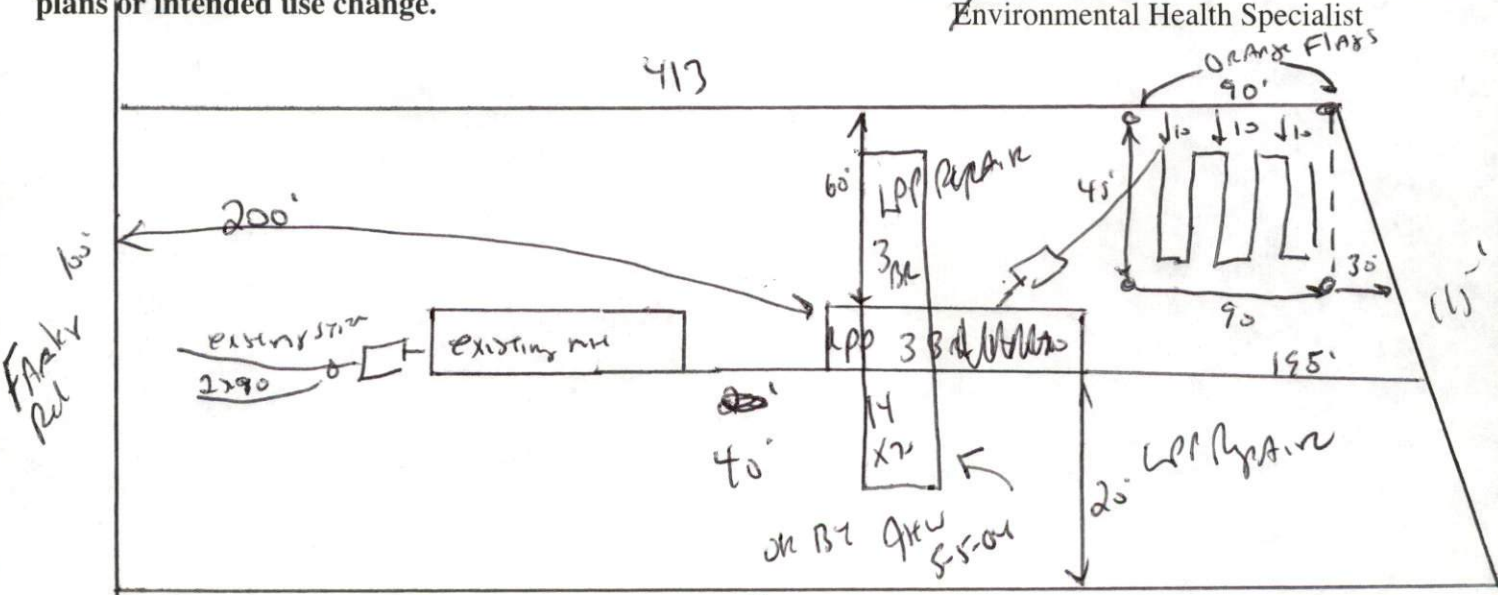
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 180 ft. width of ditches 3 ft. depth of ditches 18-24 in.

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

Date: 04-14-04

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

Signed: Ja Lan Environmental Health Specialist



MUST meet onsite Before installing
Keep Orange Flags up - do not remove
Keep SYSTEM Between ORANGE FLAGS
Maintain All Set Backs

From Main Road up 90' over 45' down 90' over 45'
Do not drive or park on septic SYSTEM

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20439. 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.*

William Grodki  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Early rd  
Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Joseph Stackelnd 22      3 (14x70)      1.04 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: 50 Ft.

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

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1    # of lines per field 1    Length of lines 180 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.

Joe West RS  
Signature of Authorized Agent for Harnett County

04-14-04 s/s/04  
Date JW