

HTE 04-5-9032

HARNETT COUNTY HEALTH DEPARTMENT

20426

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) Donna Morrill New Installation Septic Tank
Property Location: SR# 1229 Repairs Nitrification Line

Subdivision Dorothy S. Stewart Lot # 7

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x48) Lot Size: .62 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

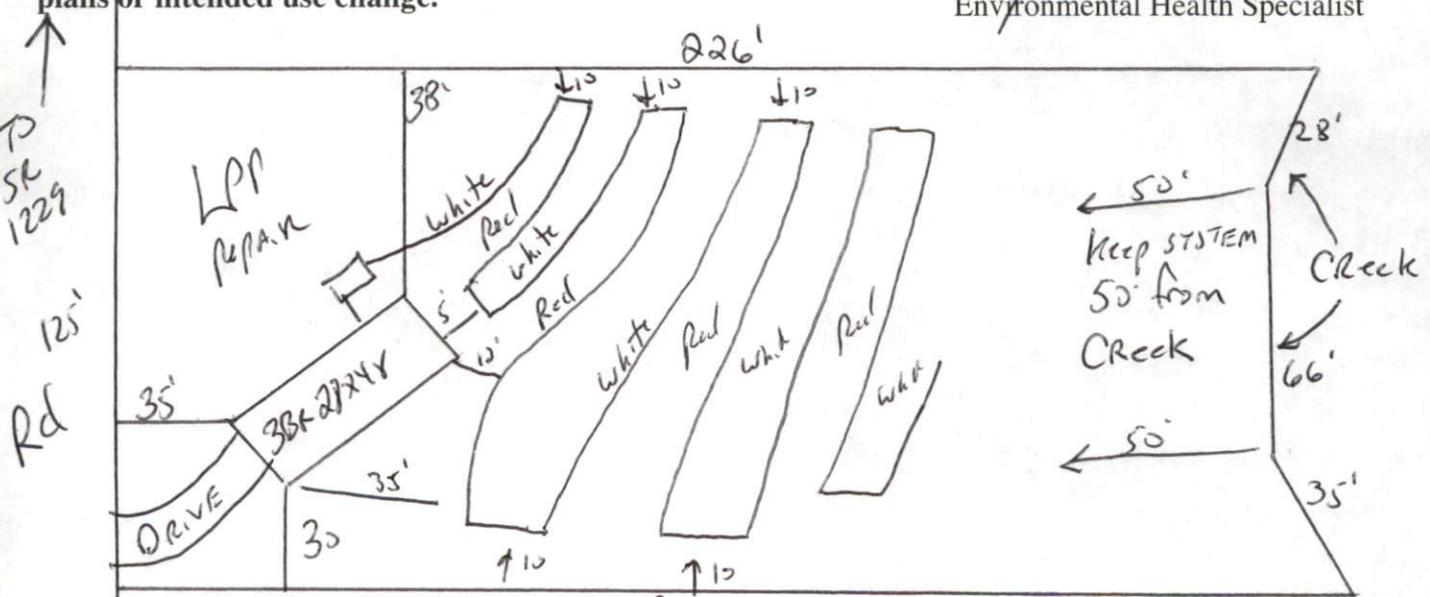
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 480 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 04-06-04

Signed: [Signature]
Environmental Health Specialist

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



Meet onsite Before Installing
 Maintain All set Backs
 Stub out Plumbing shallow where shown

NOTE Due to the space Between Lines some LPP Repair exists Between Lines

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 # 20426. 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.*

Donna Merrill
Name _____ Telephone # _____

Address _____

1229
Property Location SR# _____ Road Name _____
Dorothy Stewart 7 3(28x78) 62ac
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 1 Length of lines 480 Ft.
Width of ditches 3 ft. Depth of ditches 18 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.

J. West RS 04-06-04
Signature of Authorized Agent for Harnett County _____ Date _____