

HTE 04-5-9745

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) FACTORY HOUSING OUTLET☒ New Installation☒ Septic TankProperty Location: SR# 1139 TINGEN RD☐ Repairs☒ Nitrification LineSubdivision JAMES ROBERTSON S/DLot # 18

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 4Lot Size: 112 x 617Basement with Plumbing: ☐Garage: ☐Water Supply: ☒ Well☐ Public☐ CommunityDistance 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

No. of

exact length

width of

depth of

Drainage Field

ditches 4of each ditch 50 ft.ditches 3 ft.ditches 30 in.

French Drain Required: _____ Linear feet

Date: 6/24/04

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

CON.

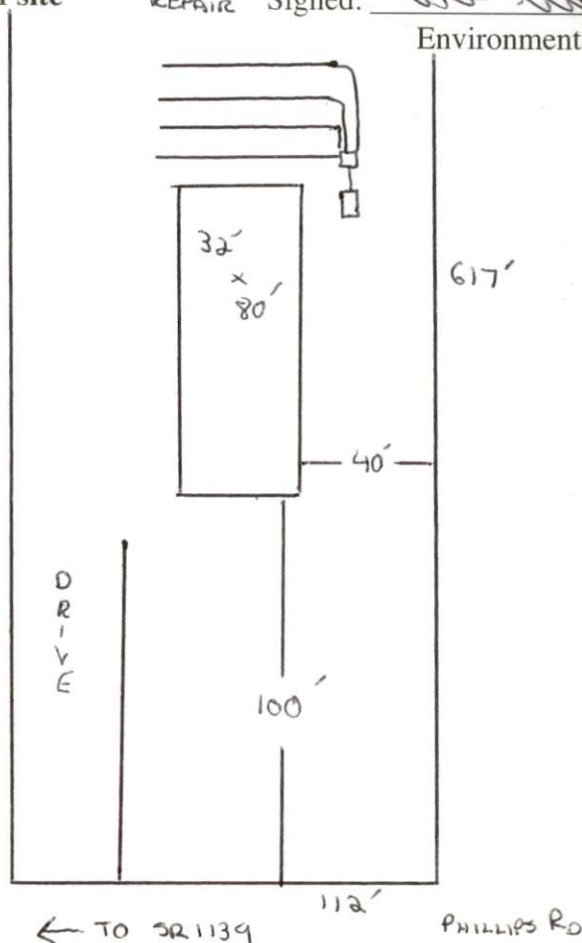
REPAIR

Signed: _____

RS (OLIVER TOLKSOORF)

Environmental Health Specialist

* MAINTAIN ALL SETBACKS

* CALL WITH ANY QUESTIONS
PRIOR TO INSTALLATION

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 # 20846. 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.***

FACTORY HOUSING OUTLET
Name

919-776-2477
Telephone #

3239 Hwy 87 SANFORD NC 27330
Address

1139 TINGEN RD
Property Location SR#

Road Name

JAMES ROBERTSON
Subdivision

18
Lot #

4
Bedrooms Proposed

112' x 617'
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

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 30 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

6/24/04
Date