

HTE 04-5-10302RR

IMPROVEMENT PERMIT

21249

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) FIELDS, DAVID & JEANIE☒ New Installation☒ Septic TankProperty Location: SR# 2064 ANDERSON CREEK SCHOOL RD☐ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .75 acBasement 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 <u>1</u>	of each ditch <u>300</u> ft.	ditches <u>3</u> ft.	ditches <u>18</u> in.

French Drain Required: _____ Linear feet

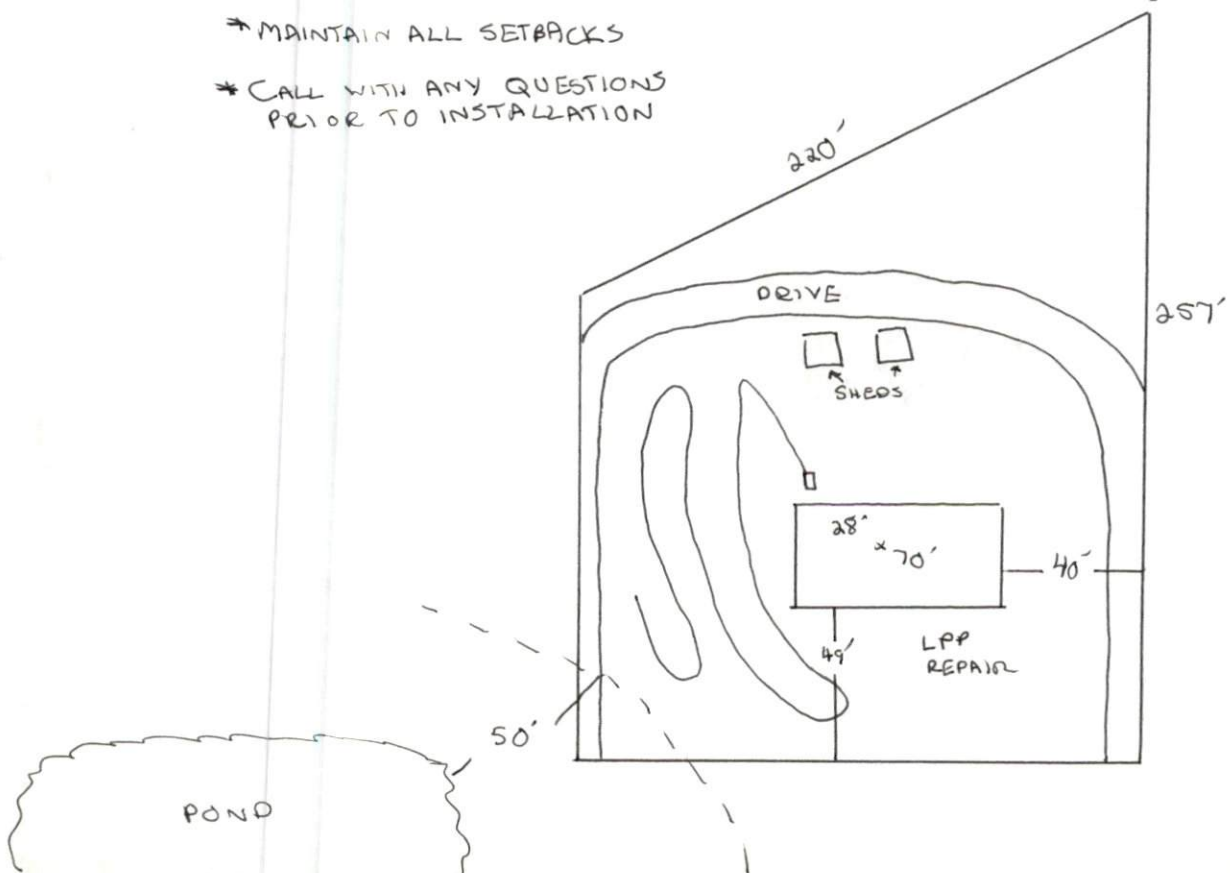
Date: 10/13/04Signed: [Signature] (OLIVER TOLKSDORF)

Environmental Health Specialist

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

* 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 # 21249. 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	FIELD, DAVID & JEANIE	578-8351
TELEPHONE #		

435 ANDERSON CREEK SCHOOL RD BUNNLEVEL NC 28323
Address

Property Location SR#	Road Name
2064	ANDERSON CREEK SCHOOL RD

Subdivision	Lot #	# Bedrooms Proposed	Lot Size
		3	.75 AC

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 300 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.

Signature of Authorized Agent for Harnett County

10/13/84
Date