

HTE 05501170R

IMPROVEMENT PERMIT

21826

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) Shannon Kellam
Property Location: SR# 1292 Old Olive Rd
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Lot #

Tax ID # Quadrant #

Number of Bedrooms Proposed: 2 (14x68) Lot Size: 1.07 AC

Basement with Plumbing: Garage:

Water Supply: Well, Public, Community

Distance 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 Drainage Field: No. of ditches, exact length of each ditch, width of ditches, depth of ditches

French Drain Required: Linear feet

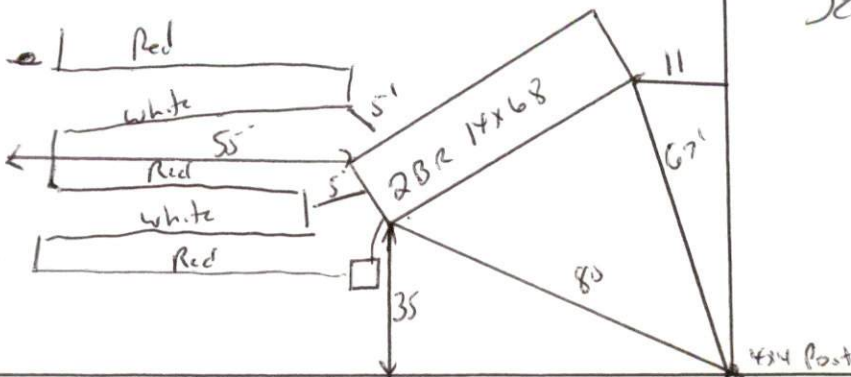
Date: 04-13-05

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

Signed: Joe WARS Environmental Health Specialist

Fence

LPP Repair 320 LF



Road

To SR 1205 ->

Meet onsite for final layout
STUD out Plumbing
Shallow
MAINTAIN ALL SETBACKS

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 # 21826. 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.*

Shannon Kellam
Name _____ Telephone # _____

Address _____

1292
Property Location SR# _____ Road Name _____

Subdivision _____ Lot # _____ # Bedrooms Proposed 2 (14x68) Lot Size 1.07A

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 230 Ft.

Width of ditches 3 ft. Depth of ditches 18 MAX 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

04-17-05
Date