

HTE# 05-500 12219 R

# IMPROVEMENT PERMIT 22309

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) KEITH BATES New Installation  Septic Tank  Repair

Property Location: SR# 1116 Nitrification Line  Expansion

Subdivision Fox Run Section II Phase I Lot # 15

Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 4 (28x76) 480 sqft Lot Size: 140 x 239

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 ft. exact length of each ditch 320 ft. width of ditches 3 ft. depth of ditches 18x4 in.

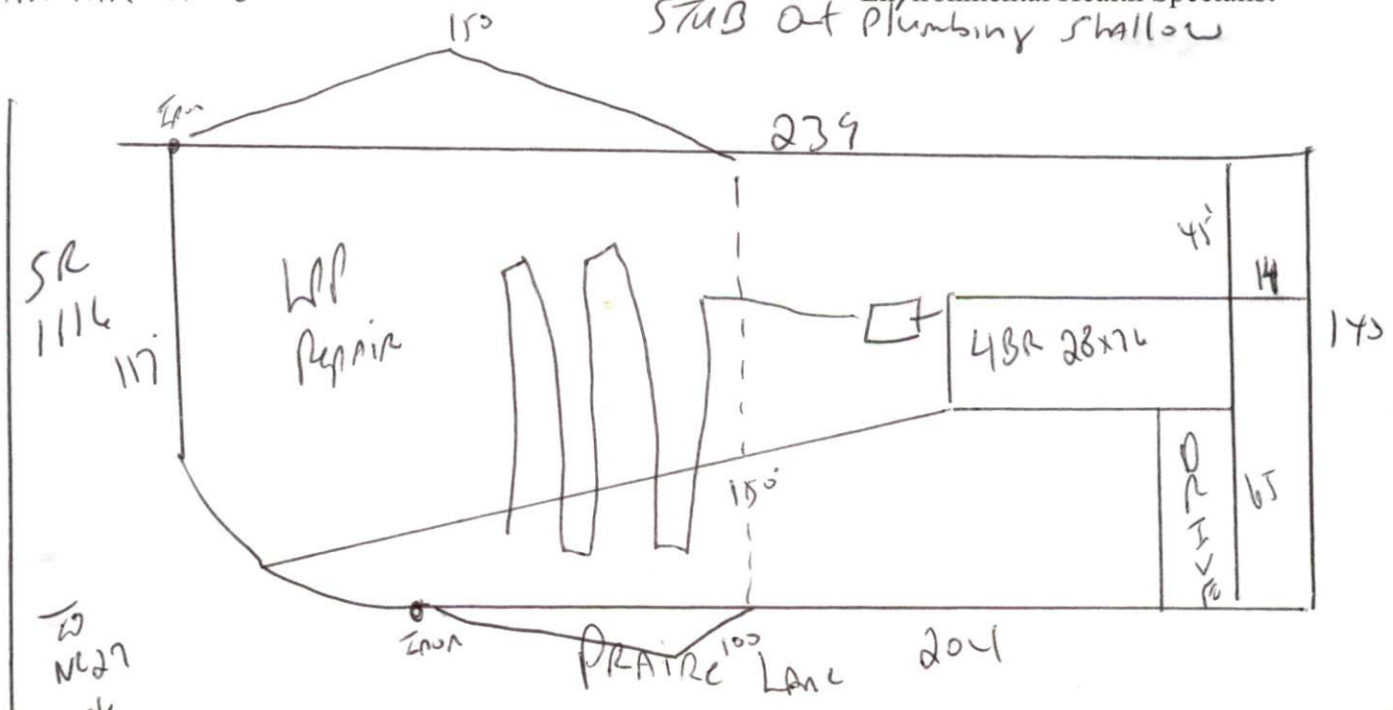
French Drain Required: \_\_\_\_\_ Linear feet

Date: 10-04-05  
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

*Meet onsite for Final Layout  
MAINTAIN ALL SETBACKS*

Signed: J. W. [Signature]  
Environmental Health Specialist  
*STUB at Plumbing shallow*



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 # 22309. 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 KEITH Bate Telephone # \_\_\_\_\_

Address 1116

Property Location SR# Fox Run Road Name 4(28x76) 480' x 140 x 239  
Subdivision \_\_\_\_\_ Lot # 15 # Bedrooms Proposed 4 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 320 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.

Signature of Authorized Agent for Harnett County Jon West RS

Date 10-04-05