

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05-500 12454

IMPROVEMENT PERMIT 22745

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) Ronald Boggs New Installation Septic Tank Repair

Property Location: SR# 1116 (Longleaf) Nitrification Line Expansion

Subdivision Landmark Lot # 23

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 2 (14x70) 2x2xpl Lot Size: 5.66 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 ft. exact length of each ditch 180 ft. width of ditches 3 ft. depth of ditches 18-24 in.

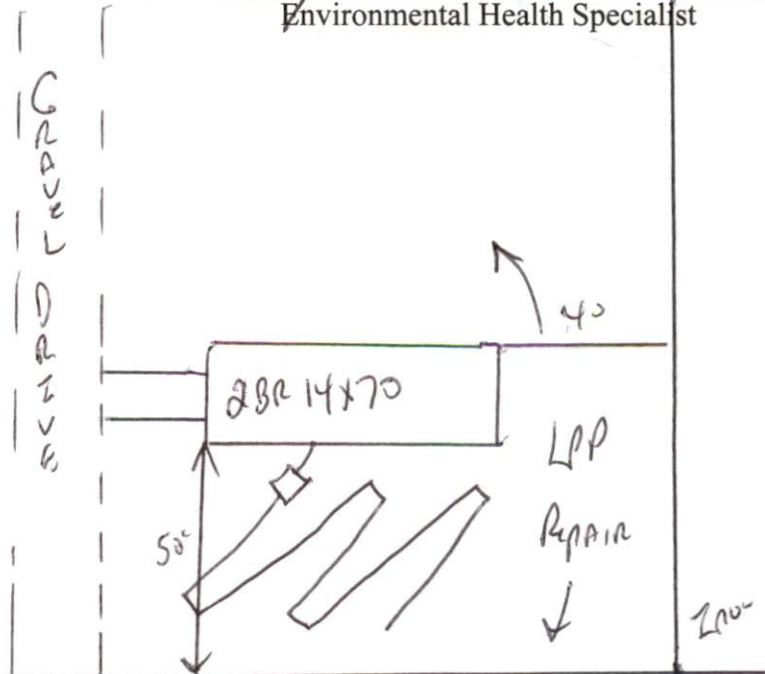
French Drain Required: _____ Linear feet

Date: 9-18-05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature]
Environmental Health Specialist

STUB out Plumbing
shallow - maintain
All set DACKS
Meet onsite if
Any Questions Arise



← Tosa 1116

Longleaf

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22745. 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 Ronald Boggess Telephone # _____

Address _____

Property Location SR# Landmark Road Name _____
Subdivision _____ Lot # 23 # Bedrooms Proposed 2 (14x70) (240 sq ft) Lot Size 5.66 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 180 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 9-14-05