

HTE# 05 5003179RR

IMPROVEMENT PERMIT 22250

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) HERSCHEL BOYD New Installation ☒ Septic Tank ☒ Repair ☐Property Location: SR# 1144 BILL SHAW RD Nitrification Line ☒ Expansion ☐Subdivision Anderson Est Lot # 1

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (360 sq ft) Lot Size: 1 acBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50 ft.

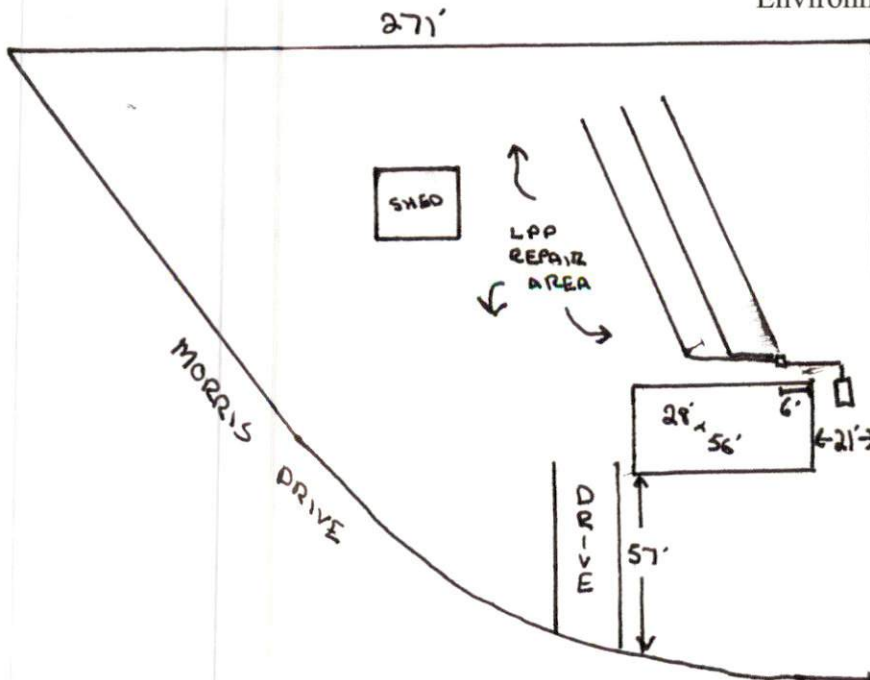
Following is the minimum specifications for sewage disposal system on above captioned property.
Subject to final approval.

Type of system: ☐ Conventional ☒ Other 25% REDUCTION SYSTEMSize of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 ft. exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 12 in.

French Drain Required: _____ Linear feet

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

Date: 11/29/05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATESigned: RS (OLIVER TOLKSOORE)
Environmental Health Specialist

* MAINTAIN ALL SETBACKS

* SET TANK SHALLOW
OR A PUMP WILL BE
NEEDED* MINIMUM OF 6" OF
COVER NEEDED
OVER DRAINFIELD

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 # 22250. 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.*

HERSCHEL BOYD

497-0805

Name

Telephone #

198 MORRIS LN

SPRING LAKE NC 28390

Address

1144

BILL SHAW RD

Property Location SR#

Road Name

ANDERSON EST.

1

3 (360 sq)

1 ac

Subdivision

Lot #

Bedrooms Proposed

Lot Size

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☒ Nitrification Lines

☐ Conventional ☒ Other 25% REDUCTION SYSTEM

☐ 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 3 Length of lines 25 Ft.

Width of ditches 3 ft. Depth of ditches 12 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

11/29/05
Date