

HTE# 05-50013573

IMPROVEMENT PERMIT 22466

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) SOUTHEASTERN PROPERTIES New Installation Septic Tank Repair
 Property Location: SR# NC 27 (TACIA DR) Nitrification Line Expansion
 Subdivision COOPERS PLACE Lot # 3
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 4 (480 gpd) Lot Size: 1.06 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	No. of	exact length	width of	depth of
Drainage Field	ditches	of each ditch	ditches	ditches
	<u>4</u>	<u>70</u> ft.	<u>3</u> ft.	<u>18</u> in.

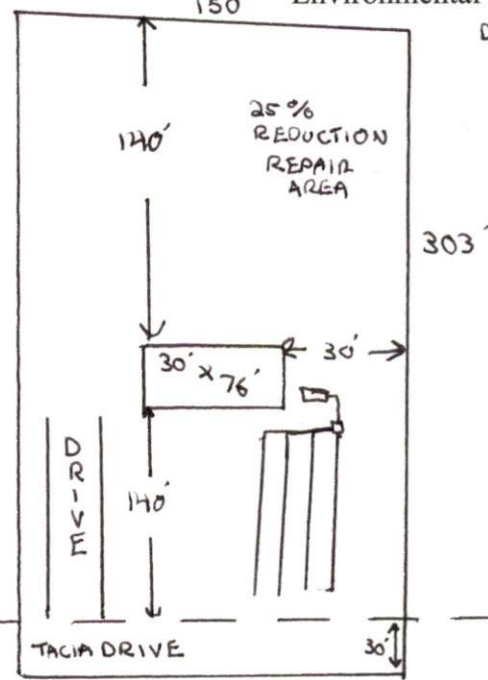
French Drain Required: _____ Linear feet

Date: 12/27/05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed:  OLIVER TOLKSDORF
 Environmental Health Specialist
 DRAWING NTS

* 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 # 22466. 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.*

SOUTHEASTERN PROPERTIES & DEV. Co. 919-777-0820
Name Telephone #

PO Box 639 OLIVIA NC 28368
Address

NC27
Property Location SR# Road Name

COOPERS PLACE 3 4 (480 gpd) 1.06ac
Subdivision Lot # # Bedrooms Proposed 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: 100 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 70 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

12/27/05
Date