

HTE# 06-50014969

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IMPROVEMENT PERMIT 23048

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) Kamille Bishop New Installation Septic Tank Repair

Property Location: SR# Robin Hill Rd (21115) Nitrification Line Expansion

Subdivision B-Hals Estates Lot # 07

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (14x80) 360 sq ft Lot Size: 4.98 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 No. of Ditches 4 exact length 75 width of 3 depth of 1824 in.
Drainage Field ditches _____ ft. of each ditch _____ ft. ditches _____ ft. ditches _____ in.

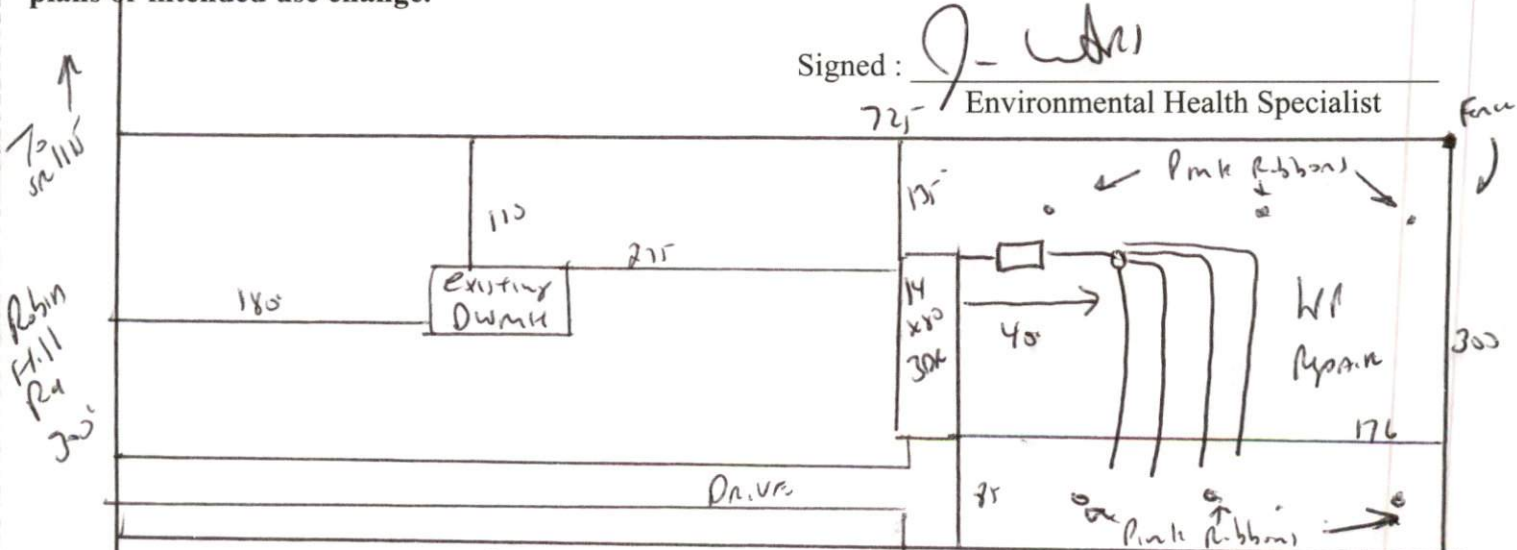
French Drain Required: _____ Linear feet

Date: 07-27-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature]
Environmental Health Specialist



Meet onsite for Final Layout
Keep system within my pink flags - do not remove my flags
Maintain All set Dracks

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 # 23048. 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.***

Kamille Bishop
Name _____ Telephone # _____

Address _____

Robin Hill Rd

Property Location SR# _____ Road Name _____

B. An's Estate 27 3(14x90) 360 gpd 4.98 AC
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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 17-21 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.

Jon Waters
Signature of Authorized Agent for Harnett County

07-27-06
Date