

18521
01-5-2865

IMPROVEMENT PERMIT

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) Jessica Scott
Property Location: SR# 1270

New Installation Septic Tank
 Repairs Nitrification Line

Subdivision Turkey Trot Lot # 7

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 5 (27x72) Lot Size: 10.01 AC

Basement with Plumbing: Garage: By Code, 1952 Any system exceeding 750' of line requires at Pump
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 1250 Other Pump to Conventional

Size of tank: Septic Tank: ~~1200~~ gallons Pump Tank: 1250 gallons

Subsurface Drainage Field No. of ditches 8 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 max in.

French Drain Required: _____ Linear feet

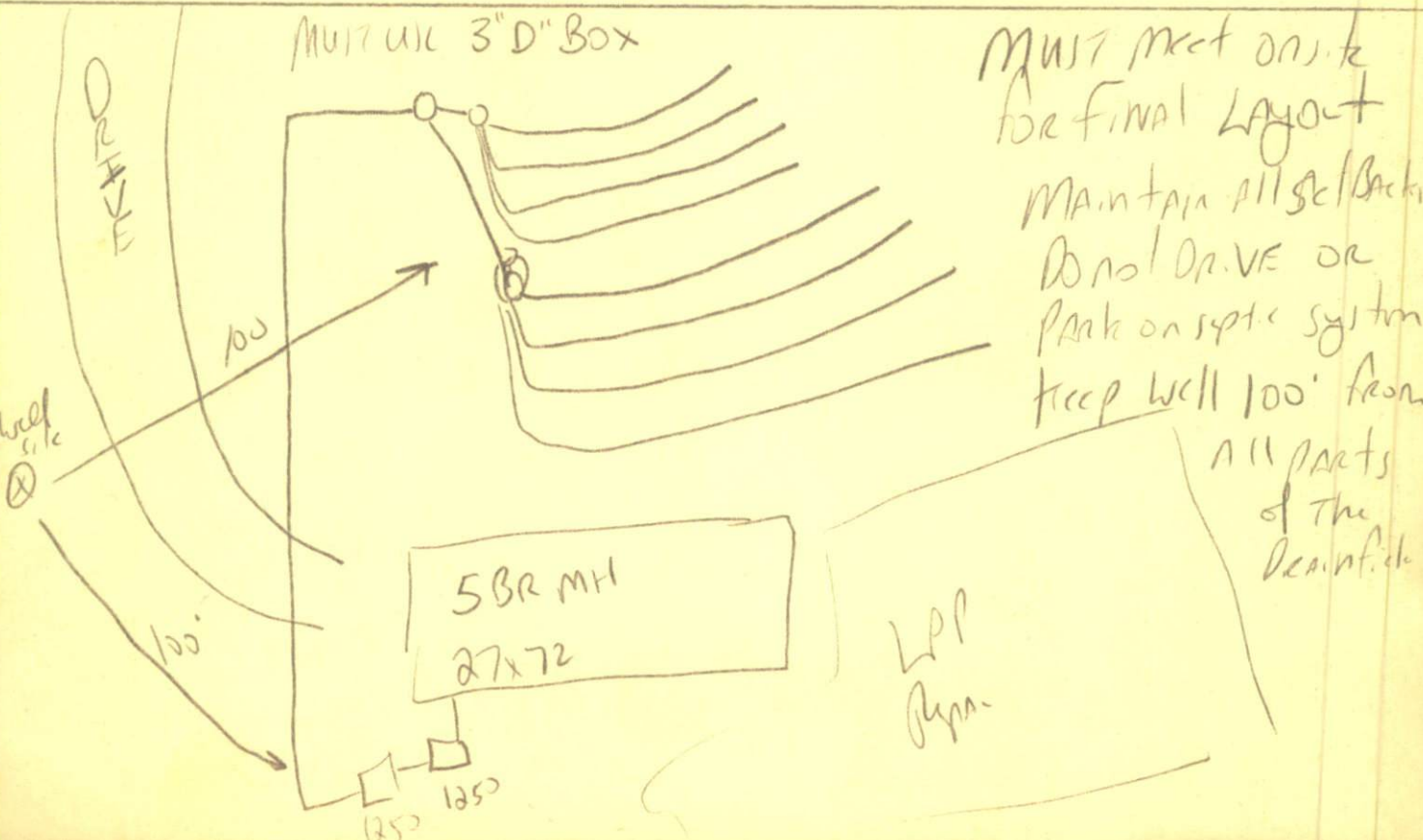
Date: 9-10-01

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

Signed: [Signature]
Environmental Health Specialist

← TO SR

Road



HA RNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 1852. 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.

Owner or Authorized Agent Jessica Scott 919

Name: _____ Telephone # 718-9299

Address: _____

Property Location: SR # 1270 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Turkey Trst Acres Lot # 7

Number of Bedrooms Proposed: 5 (27x72) Lot size: 10.01 ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well Public _____ Minimum Well Setback: 100 ft.

Type of System: Conventional _____ Other

Tank Volume: Septic Tank 1250 gallons Pump Chamber 1250 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 8 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18 max 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.

Authorized Agent for Harnett County Health Department
Name: [Signature] Date: 9-10-01