

IMPROVEMENT PERMIT

01-53356

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) Jonathan Atkins

New Installation Septic Tank

Property Location: SR# 1270

Repairs Nitrification Line

Subdivision Turkey TRST ACRES Lot # 9

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x50) Lot Size: 10.01 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 Drainage Field No. of ditches 1 exact length of each ditch 500 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

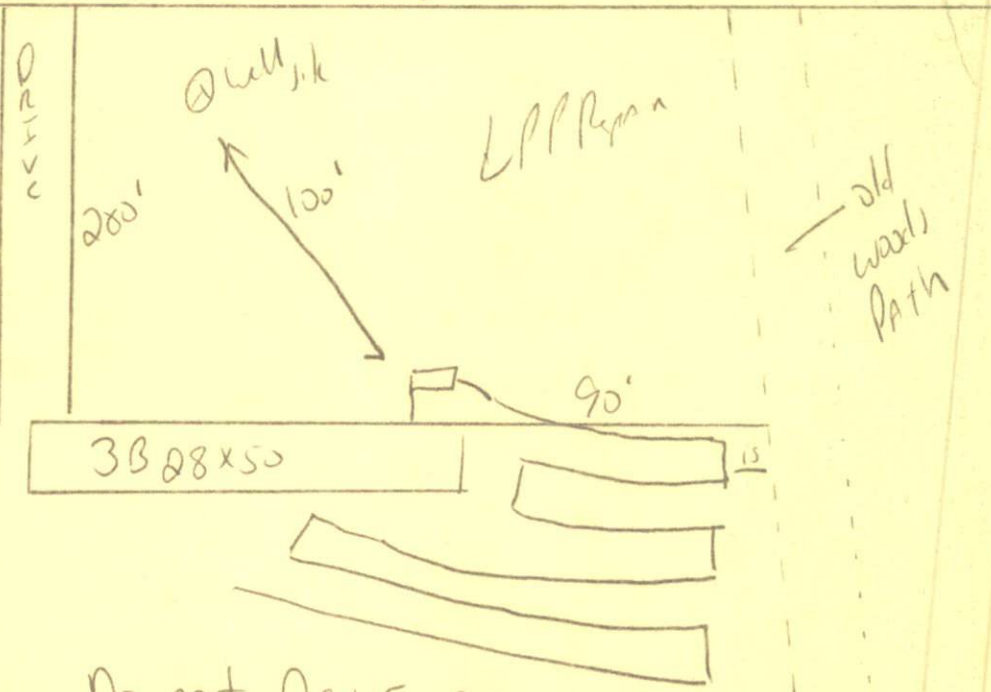
Date: 11-13-01

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

Signed: J. W. [Signature] Environmental Health Specialist

Turkey Test Lane

KEEP Well 100' from All Parts of DRAINFIELD MAINTAIN all Set Backs



Meet on site for Final Layout Layout MAY change

Do not DRIVE or Park on septic system

HARNETT 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 # 18933. 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 Jonathan Atkins

Name: _____ Telephone # 258-3118

Address: _____

Property Location: SR # 1270 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision TURKEY FOOT Lot # 9

Number of Bedrooms Proposed: 3(28x50) Lot size: 10.01Ac

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 500

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: 11-13-01