

IMPROVEMENT PERMIT

02-54293

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) John Eatman II☒ New Installation☒ Septic TankProperty Location: SR# 1314 Raven Rock Rd☐ Repairs☒ Nitrification LineSubdivision John & Anna EatmanLot # 1

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3 (28x76)Lot Size: 1.00 ACBasement with Plumbing: ☐Garage: ☐Please note changes inWater Supply: ☐ Well ☒ Public☐ Communityhouse location - make Plot PlanDistance From Well: 50 ft.MATCH my Permit - Homeowner is ok with changes

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 1of each ditch 400 ft.ditches 3 ft.ditches 18 in.

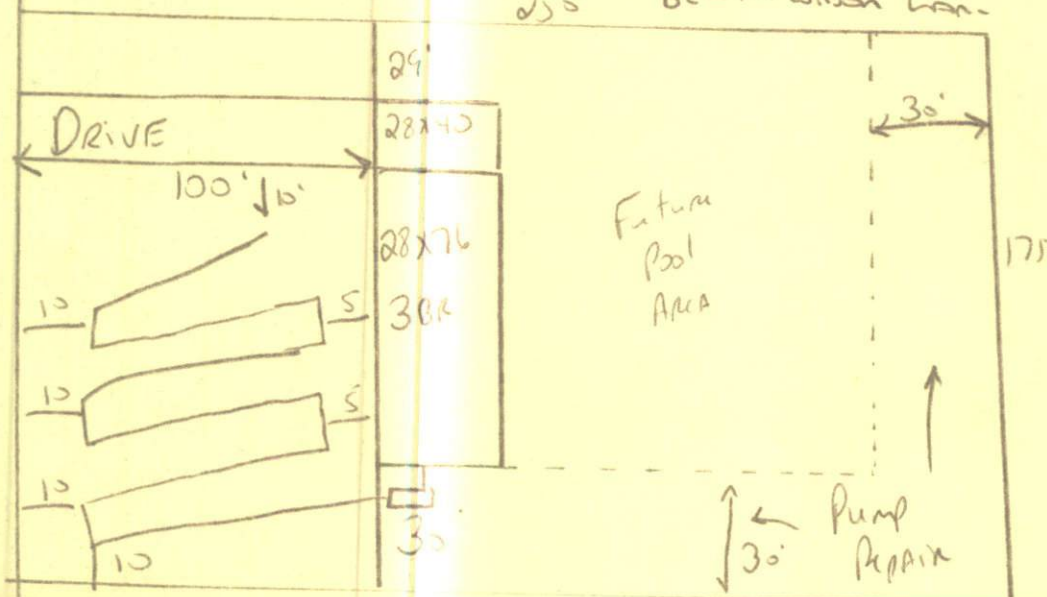
French Drain Required: _____ Linear feet

Date: 4-5-02

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

Signed: Benita Wilson

Environmental Health Specialist



STUB Out Plumbing shallow where shown
 MAINTAIN All set Backs - Follow contours
 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 # 19035. 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.

John Eatman II 814-1536 / 893-4671
Name Telephone #

Address

Raven Rock rd

Property Location SR# Road Name

John I Anna Eatman 1 3 (28x76) 1.00 A

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 - Minimum Well Setback: 50 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 400 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] 4-5-02
Signature of Authorized Agent for Harnett County Date