

IMPROVEMENT PERMIT

02-5-4888

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 Bliveno New Installation Septic Tank
Property Location: SR# 1130 Repairs Nitrification Line

Subdivision EST JT McNeill Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x48) Lot Size: 6.04 AC

Basement with Plumbing: Garage: MUST meet onsite Before

Water Supply: Well Public Community Installing septic system

Distance From Well: 100 ft. Final layout may change

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other ultra shallow

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 5 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 12" min in.

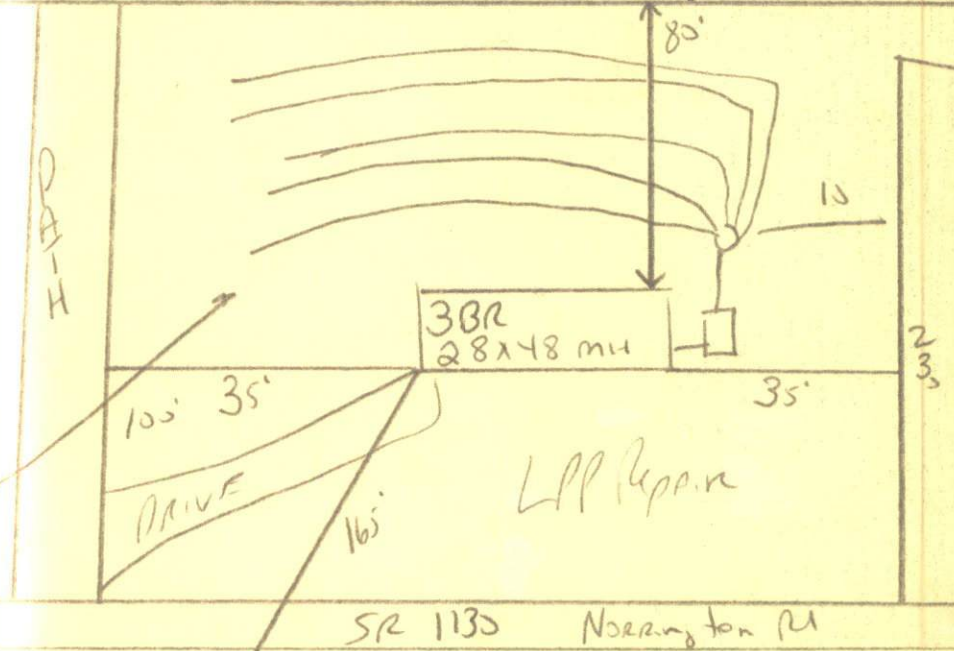
French Drain Required: _____ Linear feet

Date: 6.25.02

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

Signed: Ge LAR Environmental Health Specialist

MUST meet onsite
Final layout may change
Keep well site 100' from any part of septic system



← TONC27 SR 1130 Norrington Rd

Keep SYSTEM ultra shallow 12" ditch Depth - must bring in 8" old" of cover - maintain all setbacks Do not Drive or Park on septic system

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19466. 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.*

Jessica Bliven

890-0490

Name

Telephone #

Address

1130

Property Location SR#

EST. JT McNEIL

Road Name

3(28x48)

6.24 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 - Minimum Well Setback: 100 Ft.

Septic Tank 1000

Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 12 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]

6-25-02

Signature of Authorized Agent for Harnett County

Date