

03-5-5165

HARNETT COUNTY HEALTH DEPARTMENT

No 19549

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) PARKER KEVIN + AMY

[X] New Installation [X] Septic Tank

Property Location: SR# 1805 WEEKS RD

[] Repairs [X] Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 5.76 AC

Basement with Plumbing: [] Garage: []

Water Supply: [] Well [X] 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 [X] Other Pump To 25% REDUCTION SYSTEM

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

Subsurface Drainage Field No. of ditches 2 exact length 150 ft. width of ditches 3 ft. depth of ditches 12 in.

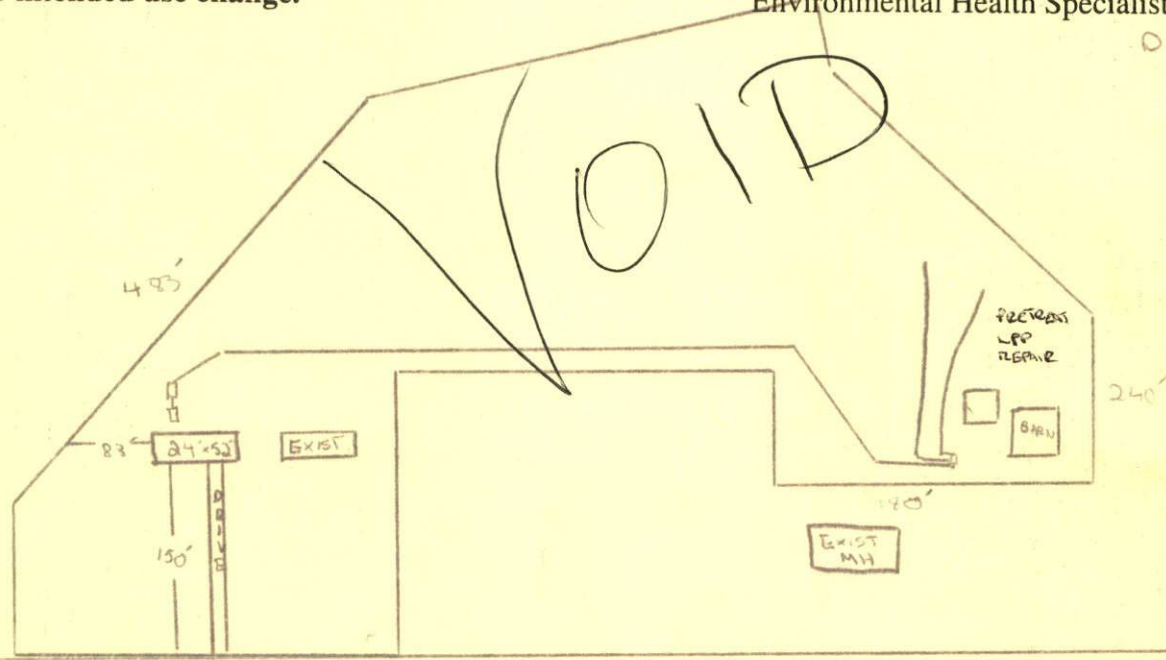
French Drain Required: _____ Linear feet

Date: 7/3/02

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

Signed: OLIVER TOLKSDORF Environmental Health Specialist

DRAWING NTS



SR 1805

- * MAINTAIN ALL SETBACKS
- * 6" OF COVER NEEDED OVER DRAINFIELD
- * KEEP HORSES OFF OF DRAINFIELD
- * SEPTIC CONTRACTOR TO MEET ON SITE PRIOR TO INSTALLATION

HA 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 # 19549. 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.*

PARKER, KEVIN + AMY 891-1464 / 892-3127
Name Telephone #

PO Box 340 ERWIN NC 28339
Address

1805 WEEKS RD
Property Location SR# Road Name

3 5.76ac
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other Pure To 25% RGD [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 Pump Chamber 1000

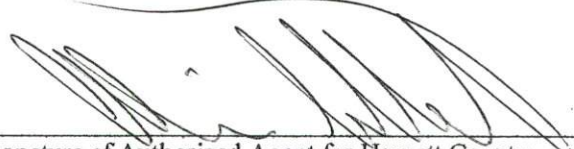
NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 150 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 of Authorized Agent for Harnett County

9/3/02
Date