

#03-5-7927

HARNETT COUNTY HEALTH DEPARTMENT

No 19350

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) Fleetwood Homes☒ New Installation☒ Septic TankProperty Location: SR# 1420 Tutor Rd☐ Repairs☒ Nitrification LineSubdivision Geneva SmithLot # 2A

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3Lot Size: 3.40 acBasement with Plumbing: ☐Garage: ☐Water Supply: ☐ Well☒ Public☐ Community

Distance From Well: _____ 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 3

exact length

of each ditch 100 ft.

width of

ditches 3 ft.

depth of

ditches 18-20" max in.

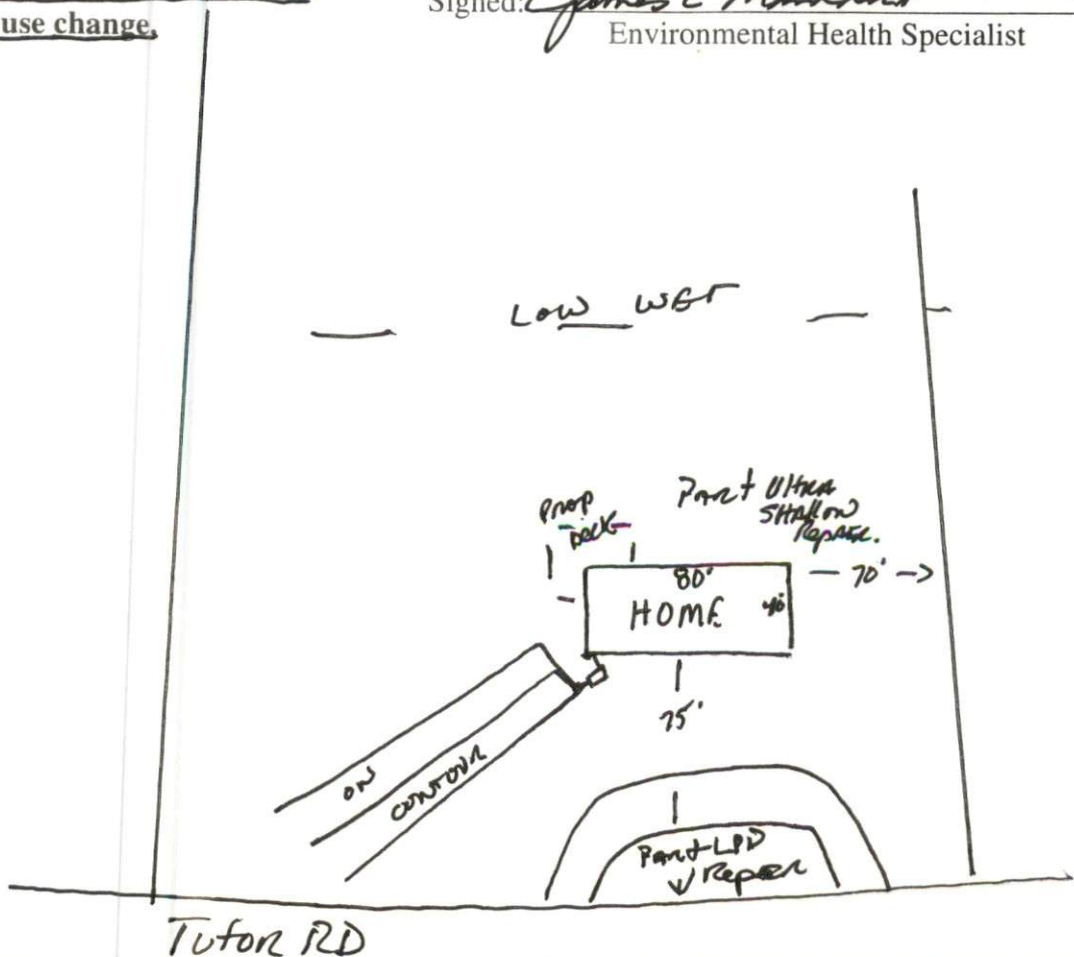
French Drain Required: _____ Linear feet

Date: 10-14-03

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

Signed: James E. Markant

Environmental Health Specialist



HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

#03-5-7927

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19350. 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.

Fleetwood Homes 919-773-4141
Name Telephone#
3813 S Wilmington ST Raleigh N.C. 27603
Address
1420 Tutor
Property Location SR# Road Name
6cweva small 2A 3 3.40
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 Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18-20 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.

James E. McLant
Signature of Authorized Agent for Harnett County of Harnett

10-14-03
Date