

HTE 04-5-11078

IMPROVEMENT PERMIT

21392

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) CLARK Langdon☒ New Installation☒ Septic TankProperty Location: SR# 1553 LIVE OAK☐ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

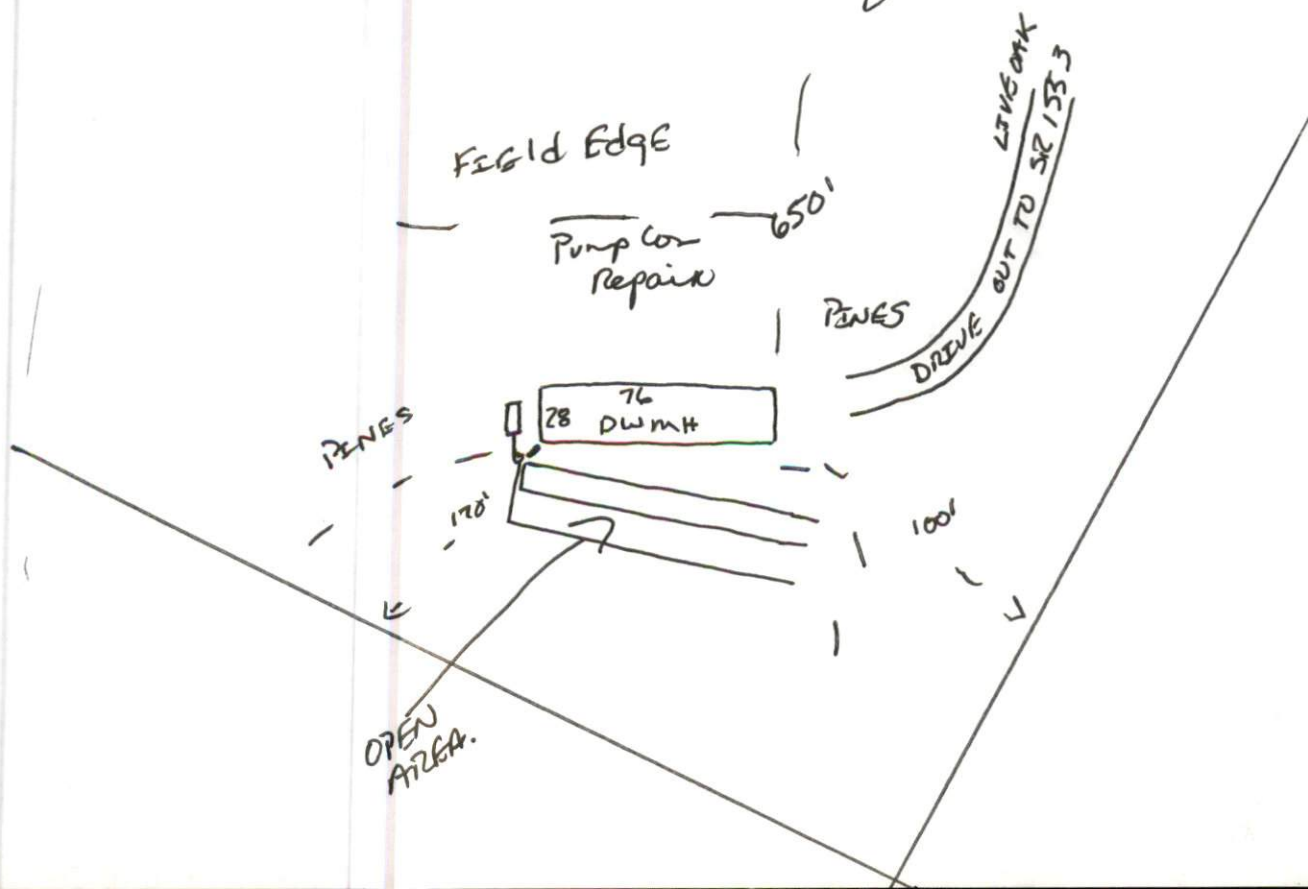
Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 27.42 acresBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50' 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: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 80 ft. ditches 3 ft. ditches 24-18 in.French Drain Required: - Linear feetDate: 1-6-09

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

Signed: James E. Manhart
Environmental Health Specialist

04-5-11078

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21392. 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.*

Clark Langdon 910-897-4208
Name Telephone #

2430 Langdon RD Anglen N.C. 27501
Address

1553 LEVE OAK
Property Location SR# Road Name

3 27.42
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 80 Ft.

Width of ditches 3 ft. Depth of ditches 24-18 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.

James E. Marshall
Signature of Authorized Agent for Harnett County

1-6-05
Date