Nº 18111

**IMPROVEMENT PERMIT** 

00-50000054

| from the Harnett County Health Department."  Name: (owner)   | od E                      | New Installation     | Septic Tank          |
|--|---------------------------|----------------------|----------------------|
| Property Location: SR# Hwy 421   |                           | Repairs              | Nitrification Line   |
|  |                           |                      |                      |
| Subdivision Cray Taylor  Tax ID # 13-0630-0055-01  | 1.1                       | Lot                  | #_/H                 |
| Tax ID# 13-0630'-0055-01 (   | Split)                    | Quadrant # 06        | 30-26-5897           |
| Number of Bedrooms Proposed:   | Lot Siz                   | ze:                  | / //                 |
| Basement with Plumbing:  Water Supply:  Well Public  Oistance From Well:   | Garage: 🔯 (               | ronage with          | bathroom bein        |
| Water Supply: Well Public 🔲  | Community $\ell$          | wet. System          | Sized & permit       |
| istance From Well It.  | f                         | on a tuture 3        | passoom nome         |
| Collowing is the minimum specifications for sewage inal approval.  | e disposal system o       | on above captioned p | property. Subject to |
|  | Other                     |                      |                      |
| ize of tank: Septic Tank: 1000 gallo   | ns Pump                   | Cank: call           |                      |
|  |                           |                      |                      |
| ubsurface No. of exact length of each ditches of each dit  | $\frac{135}{100}$ ft. dit | chesft. dit          | ches in.             |
| rench Drain Required: Linear   | feet                      | 1                    |                      |
|  | Date:                     | Septen               | bes 2000             |
| his permit is subject to revocation if site  | Signed:                   | 1 1 11 1             | Dodac                |
| lans or intended use change.   | I                         | Environmental Healt  | h Specialist         |
| (44/tot  | (al)                      |                      | The second of        |
|  |                           |                      |                      |
| EXISTING   | 0-1                       | THE AT               |                      |
| Home   | 90'                       | barus 5              |                      |
|  |                           | 14                   | 4                    |
| Garage   | _110 '                    | Future               | E MAN                |
|  | <u> </u>                  | 2/100                | 13/1/1               |
|  |                           |                      | of filly             |
| A STATE OF THE STA |                           | 1/2                  | 7/7                  |
| bol  | Sa Francisco              | No.                  | 1                    |
| 2  |                           |                      | ///                  |
| 7  |                           | h                    |                      |
|  |                           | 100                  |                      |
| V  |                           |                      |                      |
| - ( ( )  |                           |                      | 19 A 19 A            |
| x Power x line x (Overheadx)   | XX                        | XVX                  | XX                   |
|  |                           |                      |                      |
|  |                           |                      |                      |

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## 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 # 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. |
|---|
| Owner or Authorized Agent   |
| Name: Prew Livingood Telephone # 893 6190   |
| Address: 4439 US 421 N Lillington, NC   |
| Property Location: SR# Huy 421 Road Name Huy 421  |
| New Installation Repair Septic Tank Nitrification Lines   |
| SubdivisionLot #/A  |
| Number of Bedrooms Proposed: 60198 Lot size:  |
| Basement With Plumbing Without Plumbing   |
| Water Supply: Well Public Minimum Well Setback: ft.   |
| Type of System: Conventional Other  |
| Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons  |
| Nitrification Field Specifications  |
| Number of fields Number of Lines per Field Length of lines  |
| Width of ditchesft. Depth of ditches  |
| 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.  |
| Authorized Agent for Harnett County Health Department  Name: Date: 13 Sept 2000   |
| (Revised 2/96)cnstrct.wpd   |
| (Revised 2/96) CNSTRCT. WPD  (System Sized to future 3 bedroom home.  |

INSTRUCTIONS FOR SOIL EVALUATION 324

ed "Property Corner" in and

 Place pink flags labeled "Property Corner" in each corner of the lot. All property lines must be clearly flagged approximately every 50 feet between corners.

- Place orange flags labeled "House Corner" at each corner of where the house will sit. Use additional flagging, ribbon, etc. to outline driveways, garages, decks, out buildings, swimming pools, etc.
- Place the orange sign(s) where they are readily visible from the main road. Additional signs should be posted to lead to the site.
- 4. If property is thickly wooded, we require that you clean out the undergrowth to allow the soil evaluation to be performed. The inspectors should be able to walk freely around site so that they can test the soil. No grading of property should be done.
- Once all of the above has been completed, please call this office at 893-7547 or 893-7548 to confirm that the lot is ready. We will not go out to the lot until you have called to confirm that it is ready. Be sure to find out your confirmation number so if you need to call about the inspection, we can readily access the file. If further clearing or backhoe pits are needed, you will be contacted.
  - \* WE WILL CALL YOU WHEN THE PERMIT IS READY TO BE PICKED UP. \*

## POLICY FOR REINSPECTING SITES

- If the Environmental Health Specialist issues a permit and the property owner chooses to change the location of the residence and another visit is required by this section, an additional fee of \$100.00 will be charged for evaluating another site.\*
- 2. If the site is denied, an alternate site of the owner's choice will be evaluated at no charge. If the alternate site is denied and the owner chooses to have another site evaluated, an additional \$100.00 will be charged for each site evaluated. The owner may choose to hire a private consultant to do a preliminary evaluation of the entire tract of land to assist you in locating the best sites to be evaluated. This service cannot be provided by this office, but a list of registered consultants is available on request.

\*NOTE: A site is approximately one-half (1/2) acre around the location of the dwelling.

\*NOTE: All of the items on this sheet must be completed before an evaluation can be done. If an inspector goes out to do the evaluation and these items have not been completed, there will be a fee of \$25.00 to be paid before we can go back out and that will delay the evaluation.