

00-50000054

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) Drew Livingood

New Installation Septic Tank

Property Location: SR# Hwy 421

Repairs Nitrification Line

Subdivision Craig Taylor

Lot # 1A

Tax ID # 13-0630-0055-01 (split)

Quadrant # 0630-26-5897

Number of Bedrooms Proposed: _____ Lot Size: _____

Basement with Plumbing:

Garage: Garage with bathroom being built. System sized & permitted for a future 3 bedroom home.

Water Supply: Well Public Community

Distance 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: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 135 ft. width of ditches 3 ft. depth of ditches 18 MAX in.

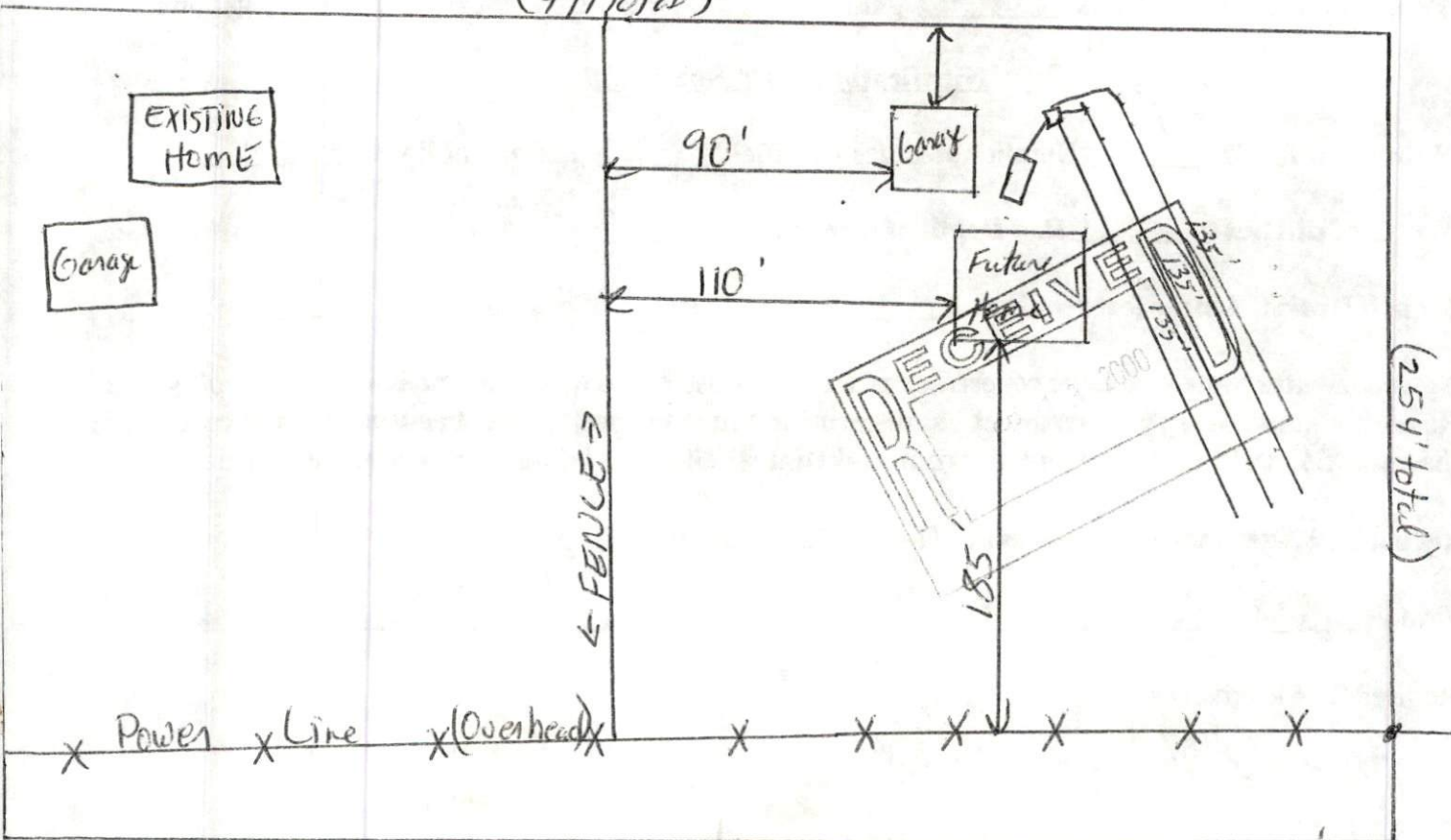
French Drain Required: _____ Linear feet

Date: 13 September 2000

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

Signed: Vernest R. Dodge
Environmental Health Specialist

(441' total)



Hwy 421

Footings
vapor barrier
repair

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 # 18111. 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: Drew Livingood Telephone # 893 6190

Address: 4439 US 421 W Lillington, NC

Property Location: SR # Hwy 421 Road Name Hwy 421

New Installation Repair Septic Tank Nitrification Lines

Subdivision _____ Lot # 1A

Number of Bedrooms Proposed: Garage Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 133

Width of ditches 3 ft. Depth of ditches 18 max 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.

Authorized Agent for Harnett County Health Department

Name: Vernest Dwyer Date: 13 Sept 2000

(Revised 2/96)CNSTRCT.WPD

*System sized for future 3 bedroom home

