

IMPROVEMENT PERMIT

21988

HTE 04-5-991722

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) Dara L. Turner
Property Location: SR# 1553 Live Oak Rd.
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 250 gpd Lot Size: 11.59 Ac

Basement with Plumbing: [] Garage: []

Water Supply: [x] Well [] Public [] Community

Distance From Well: 50 in ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: [] Conventional [x] Other 25% Reduct. in System

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

Subsurface Drainage Field No. of ditches 5 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

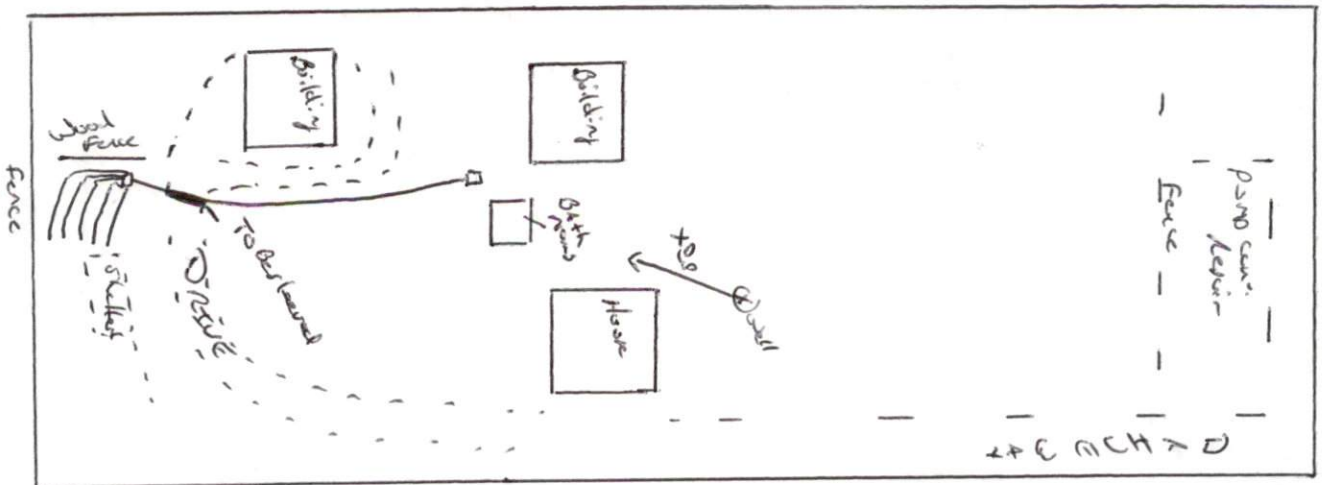
Date: 8/8/2005

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

Signed: Bryan Myrland L.S. Environmental Health Specialist

- * Maintain setbacks
* System layed out
* Contractor to call with any questions
* pipe under drive to be sleeved with iron pipe

* plastic tank can be pumped out + removed



* Not to scale

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 # 21958. 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.*

Name Dora L. Turner Telephone # 847-6624

Address 1489 Live Oak Rd. Coats, N.C. 27521

Property Location SR# 1503 Road Name Live Oak

Subdivision _____ Lot # _____ # Bedrooms Proposed 250 gpp Lot Size 11.59 Ac

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other 25% Reduction System
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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]
Signature of Authorized Agent for Harnett County

8/10/2005
Date