

HARNETT COUNTY HEALTH DEPARTMENT

NO 13004

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) David WARD

- New Installation
- Septic Tank
- Repairs
- Nitrification Line

Property Location: SR# 1273 Holly Springs Ch. 14

Subdivision: NA Lot # NA

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Shop 4 employees Lot Size: 1.37 A

Basement with Plumbing:

Garage: NOTE Change in shop location

Water Supply: Well Public Community

Distance From Well: _____ ft. 100 gal/dry

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 2 exact length of each ditch 60 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: AS MUCH AS Linear feet Need 36" Deep

Date: 11-3-97

Signed: J. W. [Signature] Environmental Health Specialist

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

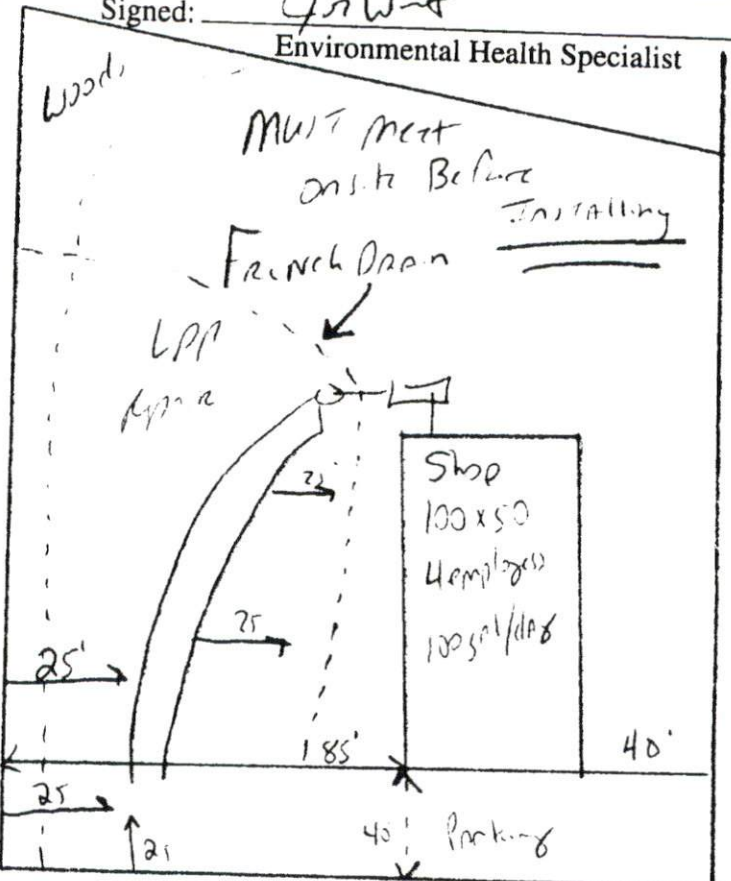
NOTE Change in Shop location

STUB OUT Plumbing shallow

MUST meet on site Before installing

MUST install French Drain 25' ABOVE SYSTEM

18" MAX Ditch Depth Follow contours



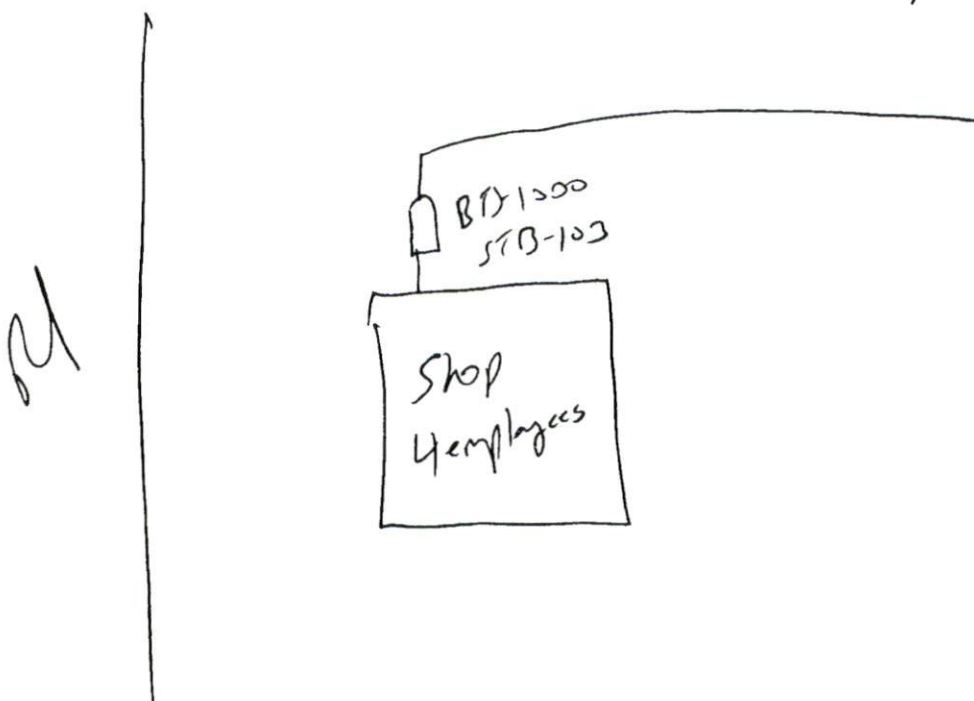
OPERATIONS PERMIT

Name: (owner) David Ward New Installation Septic Tank
 Property Location: SR# 1273 Repairs Nitrification Line
 Subdivision N/A Lot # N/A
 TAX ID# _____ Quadrant # _____
 Contractor: J. Faircloth Registration # _____
 Basement with Plumbing: Garage: Shop - 4 employees
 Water Supply: Well Public Community
 Distance From Well: 50 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 120 ft. width of ditches 3 ft. depth of ditches 18 in.
 French Drain: _____ Linear feet

PERMIT NO. 13004 Date: 8.6.99
 Inspected by: [Signature]
 Environmental Health Specialist



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications describe by Harnett County Health Department Improvement Permit # 13004. 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 David Ward

Name: _____ Telephone # _____

Address: _____

Property Location: SR # 1273 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision N/A Lot # N/A

Number of Bedrooms Proposed: 2 Lot size: 1.33 A

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 1 Number of Lines per Field 2 Length of lines 60

Width of ditches 3 ft. Depth of ditches 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.

Authorized Agent for Harnett County Health Department

Name: David Ward Date: 11-3-97