

HTE 03-5-6417

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) Jeffrey L Pope New Installation Septic Tank
Property Location: SR# Hwy 421 Repairs Nitrification Line

Subdivision Myathewood 3/D Lot # 20

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1 acre

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ ft.

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

Type of system: Conventional Other 25% Reduction System

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

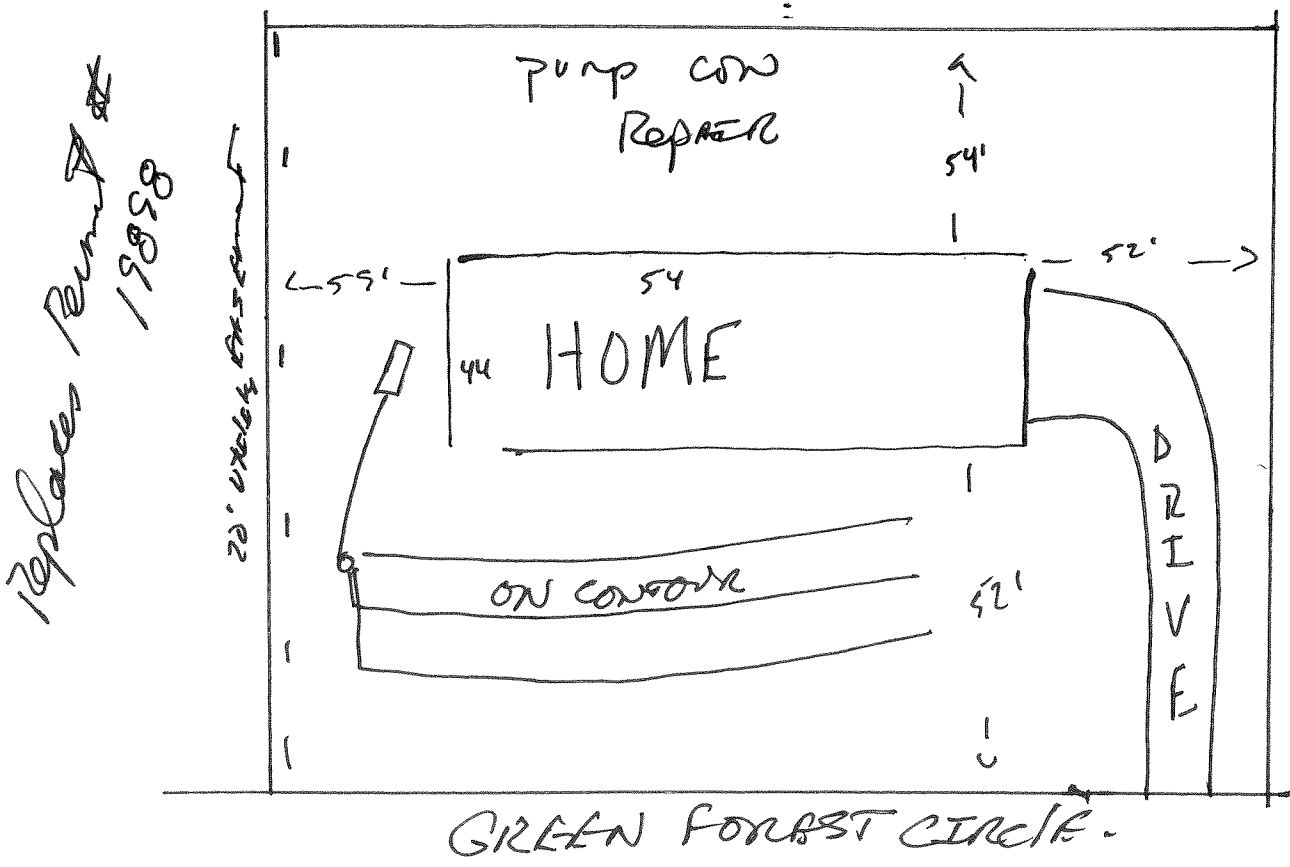
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 90 ft. width of ditches 3 ft. depth of ditches 22 in.

French Drain Required: - Linear feet

Date: 10-27-03

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

Signed: James E Markant
Environmental Health Specialist



Replaces Permit # 19858

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 # 20309. 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.*

Jeffrey L Pope 910-657-0220
Name Telephone #

2568 Old Buie Creek Rd
Address

421 421
Property Location SR# Road Name

Myrtlewood 20 3 1 acre
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

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

Water Supply: Well Public - Minimum Well Setback: _____ Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 22 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 10-27-03
Signature of Authorized Agent for Harnett County Date