

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

16343

HTE 03-5-7164

OPERATIONS PERMIT

Name: (owner) McLAURIN BUILDERS

New Installation Septic Tank

Property Location: SR# 1552 ABATTOIR RD

Repairs Nitrification Line

Subdivision _____

Lot # 1-A

Tax ID # _____

Quadrant # _____

Contractor: TOMMEY COLEY

Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 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

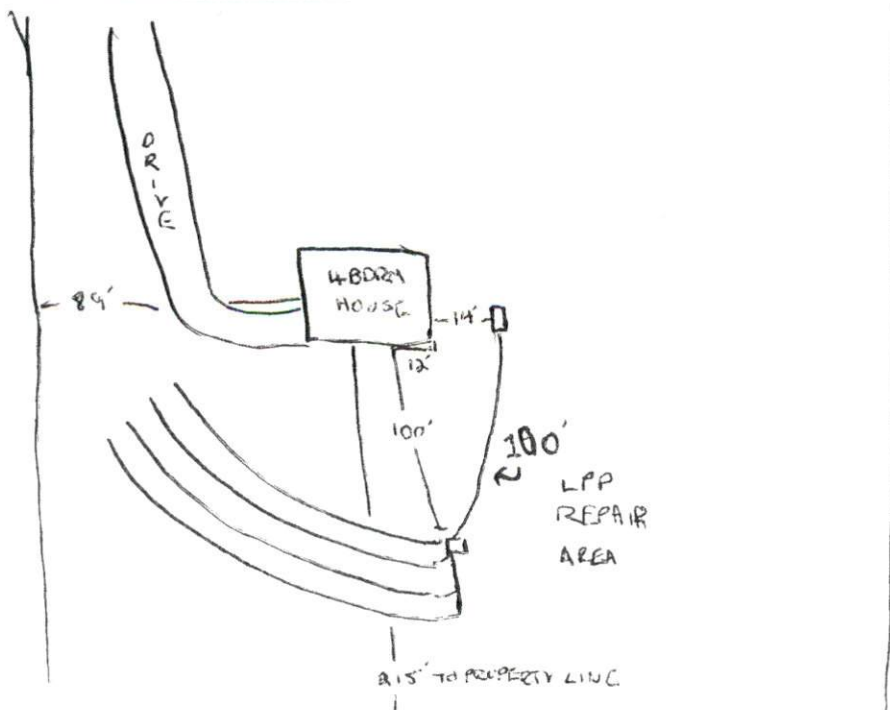
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-22 in.

French Drain Required: _____ Linear feet

Date: 12/9/03

Inspected by: [Signature]
Environmental Health Specialist

PERMIT NO. 20147



c3-5-7164

HARNETT COUNTY HEALTH DEPARTMENT

No 20147

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) McLewin Builders New Installation Septic Tank
Property Location: SR# 1552 Abattoir Rd Repairs Nitrification Line

Subdivision _____ Lot # 1-A

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 10.12 Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 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

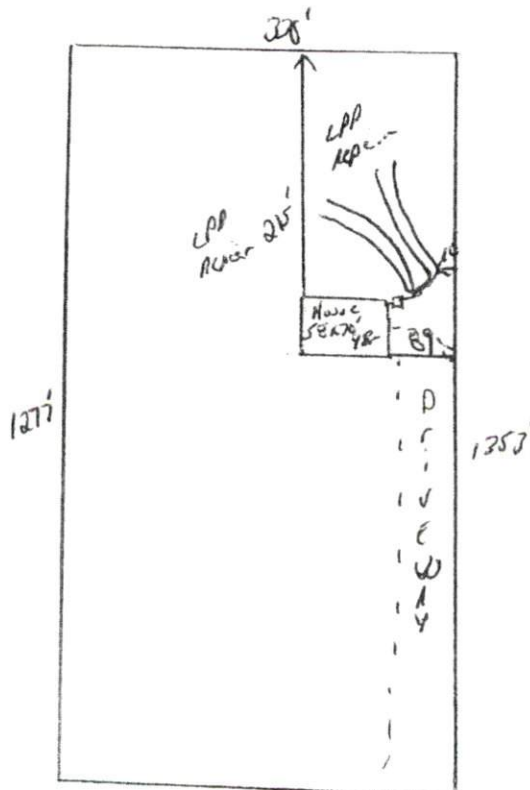
Subsurface Drainage Field No. of 4 exact length 100 width of 3 depth of 18 in. ^{MAX}
ditches of each ditch ft. ft. ft. in.

French Drain Required: _____ Linear feet

Date: 6/10/2005
Signed: [Signature]
Environmental Health Specialist

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

- * Maintain all setbacks
* Run ditches on contour
* No DEEPER than 18 inches
* Flags for drain lines should not be removed



* Not to scale

SR 1552

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 # 20147. 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 McLaurin Builders Telephone# 919-567-0691

Address 200 West Academy Ferguson Village NC 27526

Property Location SR# 1552 Road Name Abattoir

Subdivision _____ Lot # 1-A # Bedrooms Proposed 4 Lot Size 10.12Ac

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18 inches MAX

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 of Harnett

6/10/2013
Date