

HARNETT COUNTY HEALTH DEPARTMENT

HTE 05-5-12534

IMPROVEMENT PERMIT

22194

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) JASON + Angela Harnell New Installation Septic Tank
 Property Location: SR# 1456 Heliland RD Repairs Nitrification Line

Subdivision _____ Lot # SB

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 360GPD Lot Size: 5.33

Basement with Plumbing: Garage:

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

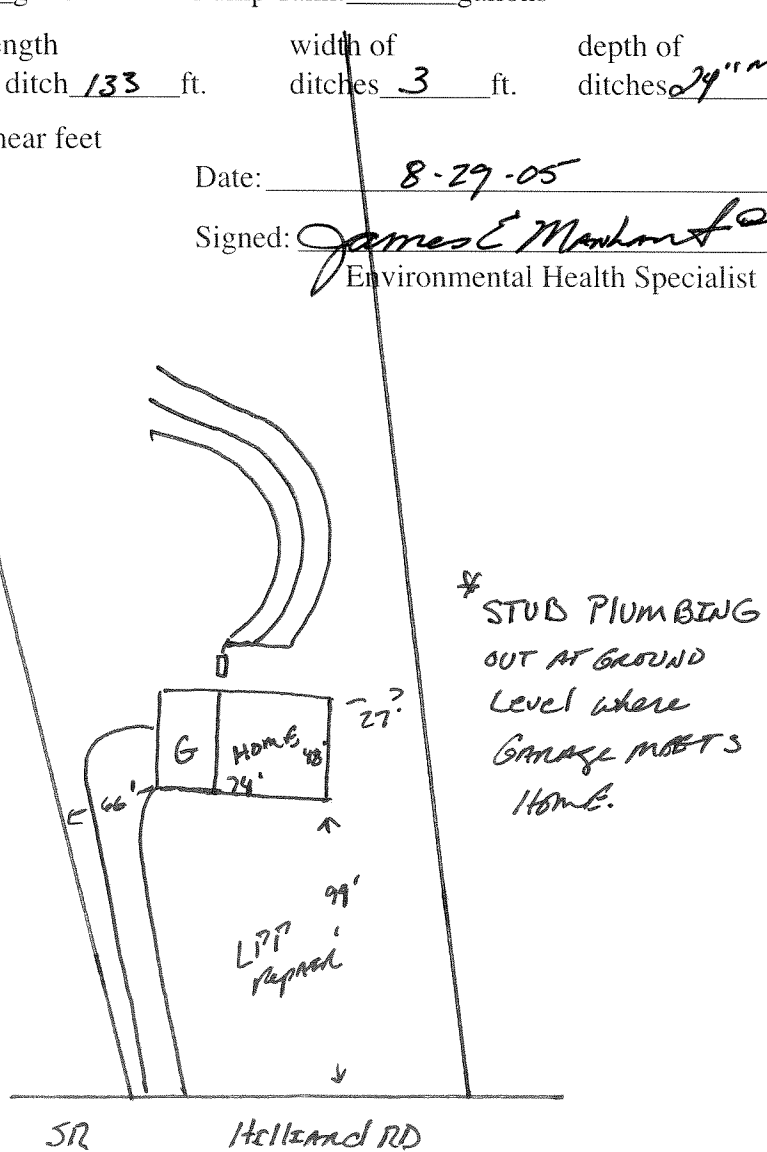
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 133 ft. width of ditches 3 ft. depth of ditches 24" max in.

French Drain Required: - Linear feet

Date: 8-29-05

Signed: James E. Markham
 Environmental Health Specialist

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



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

05-5-12534

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22194. 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 JASON + Angela Harrell Telephone # 557-0225

Address 4101 HELLTOP NEEDMORE RD F.V. N.C. 27524

Property Location SR# 1456 Road Name HELLCAMP

Subdivision _____ Lot # 513 # Bedrooms Proposed 3 Lot Size 3606PD 5.3

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: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 133 Ft.

Width of ditches 3 ft. Depth of ditches 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.

James E. Manhart
Signature of Authorized Agent for Harnett County

8-29-05
Date