

03-5-5037

HARNETT COUNTY HEALTH DEPARTMENT

No 19534

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) SUNRISE CONTRACTING SERVICES New Installation Septic Tank
Property Location: SR# 1838 COPART RD Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 15 EMPLOYEE BUSINESS Lot Size: 17.17 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 PUMP TO CONVENTIONAL

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

Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 80 ft. ditches 3 ft. ditches 15 in. MAX

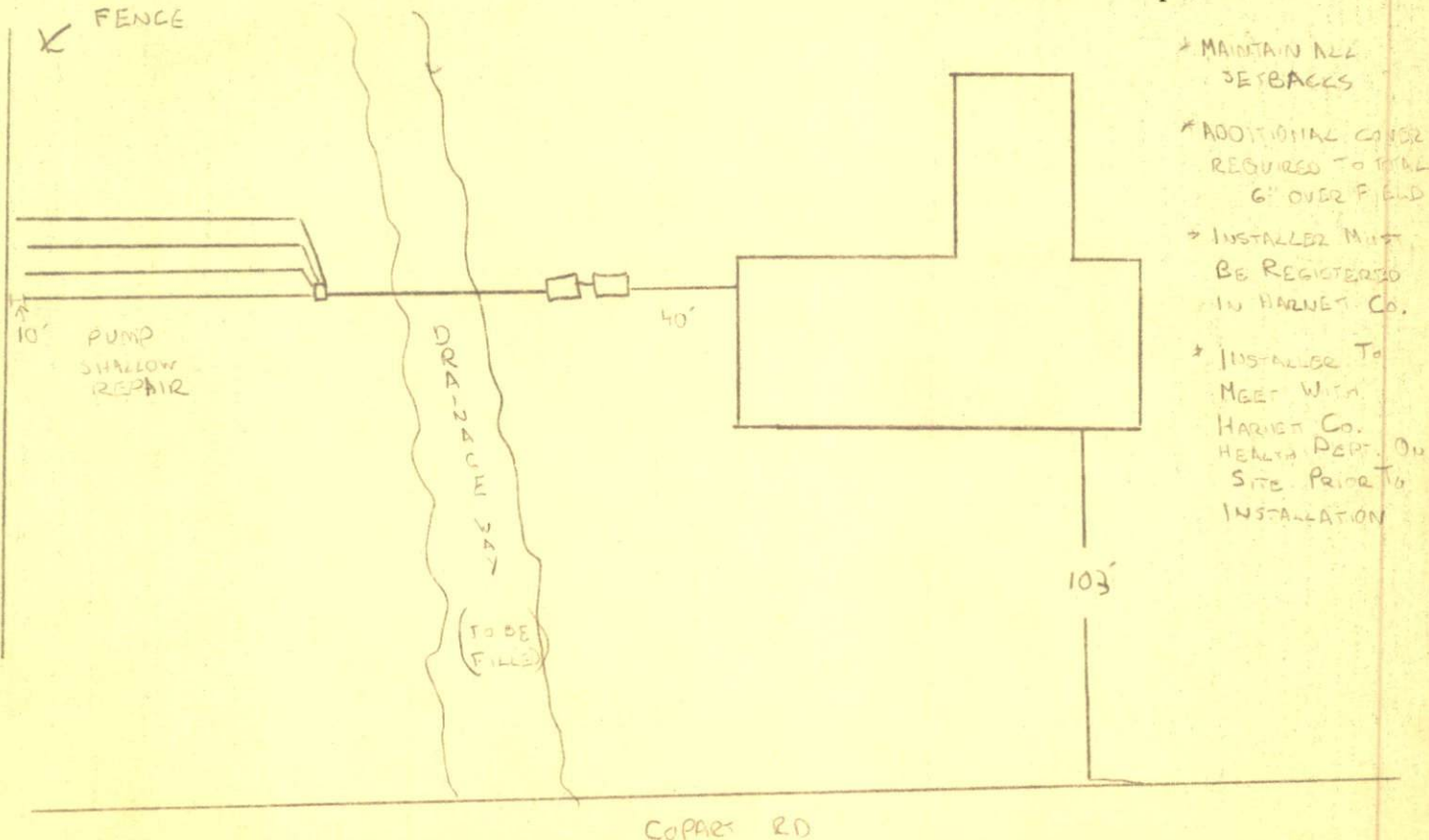
French Drain Required: _____ Linear feet

Date: 7/31/02

Signed: _____

Environmental Health Specialist

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



HA TT 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 # 19534. 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.*

SUNRISE CONTRACTING SERVICES 919-309-7713
Name Telephone #

110 HEATHER RIDGE CT DURHAM NC 27712
Address

1838 COPART RD
Property Location SR# Road Name

15 EMPLOYEE BUSINESS 17.17 AC
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other PUMP TO CONV. [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 15 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] 7/31/02
Signature of Authorized Agent for Harnett County Date