

HTE 03-5-7260**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) KINTON WILLIAM + RHONDA☒ New Installation ☒ Septic TankProperty Location: SR# 1232 SPRING HILL CH. RD☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 42 KIDS + STAFF DAYCARE Lot Size: 1.91 ACBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance 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 CONVENTIONALSize of tank: Septic Tank: 1250 ^{MIN} gallons Pump Tank: 1250 ^{MIN} gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 5 of each ditch 105 ft. ditches 3 ft. ditches 22 in. ^{MAX}

French Drain Required: _____ Linear feet

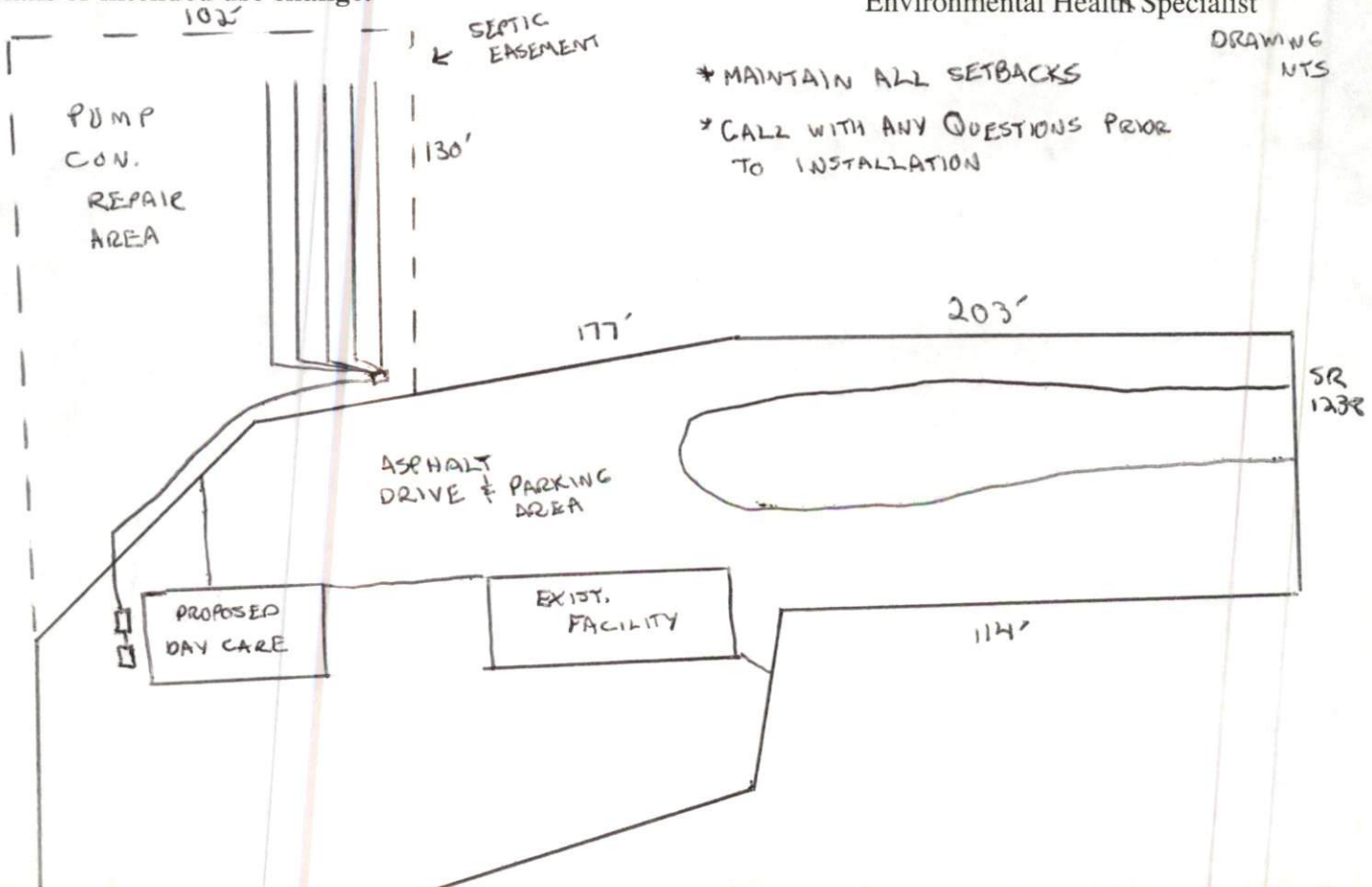
Date: 8/11/03

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

Signed: [Signature] ES (OLIVER TOLSON)
Environmental Health Specialist

DRAWING
NTS

* MAINTAIN ALL SETBACKS

* CALL WITH ANY QUESTIONS PRIOR
TO INSTALLATION

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 # 20212. 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.

KINTON, WILLIAM + RHONDA
Name

893-1103
Telephone#

2559 SPRING HILL CHURCH RD LILLINGTON NC 27546
Address

1238 SPRING HILL CHURCH RD
Property Location SR#

Road Name

Subdivision

Lot #

42 KIDS+STAFF DAYCARE
Bedrooms Proposed

1.91 AC
Lot Size

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☒ Nitrification Lines

☐ Conventional ☒ Other PUMP TO CONVENTIONAL

☐ Basement ☐ With Plumbing ☐ Without Plumbing

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

Septic Tank 1250 gal Pump Chamber 1250 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 105 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.

[Signature]
Signature of Authorized Agent for Harnett County of Harnett

8/11/03
Date