

IMPROVEMENT PERMIT

01-5-1894

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) Patrick Connelly

New Installation Septic Tank

Property Location: SR# 1117

Repairs Nitrification Line

Subdivision TAYLORS TRAIL Lot # 201

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (32x80) Lot Size: 3.26 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 30 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: 000 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 18-24 in.

French Drain Required: _____ Linear feet

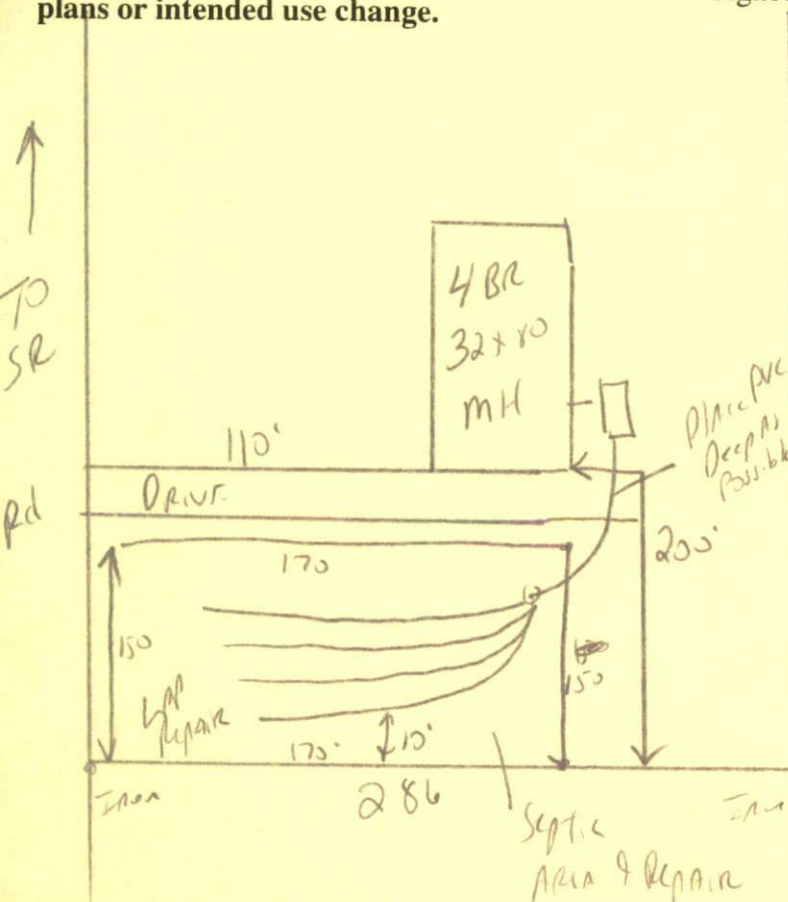
Date: 5-3-01

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

Signed: Joe W. [Signature]

Environmental Health Specialist

STAB out Plumbing shallow
18-24" Ditch Depth
MAINTAIN ALL SETBACKS
Keep system within the
AREA I have marked
with Pink Ribbon
Do not DRIVE OR PARK
ON SEPTIC SYSTEM
PVC PIPE THAT HAS TO
GO UNDER DRIVE TO BE
AT LEAST 36" DEEP.



I NETT COUNTY HEALTH DEPA MENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18240. 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.

Owner or Authorized Agent Patrick Connelly

Name: _____ Telephone # 498-0799

Address: _____

Property Location: SR # 1117 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Taylor Trail Lot # 201

Number of Bedrooms Proposed: 4 (32x80) Lot size: 3.26 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18-24 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 5-3-01