

1-5-3243

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) DAWN HENKE New Installation Septic Tank
Property Location: SR# 2027 HORSESHOE BEND RD Repairs Nitrification Line

Subdivision HORSESHOE ESTATES Lot # 10

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .69AC

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

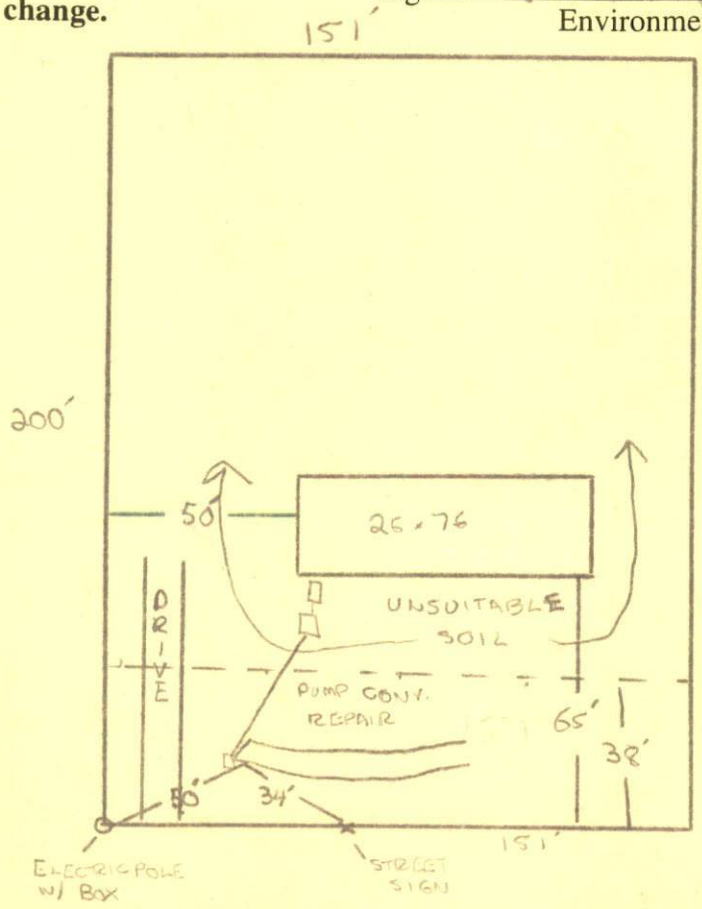
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 60 ft. width of ditches 3 ft. depth of ditches 12 in.

French Drain Required: _____ Linear feet

Date: 11/7/01

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

Signed: [Signature]
Environmental Health Specialist



- * MAINTAIN ALL SETBACKS
- * RUN LINE ON CONTOUR
- * 6" OF COVER TO BE PLACED ON TOP OF LINES
- * CALL WITH ANY QUESTIONS BEFORE 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 # 18668. 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.*

DAWN HENKE 910-867-1963
Name Telephone #
2059 MANGO CIRCLE FAYETTEVILLE 28304
Address
2027 HORSESHOE BEND RD
Property Location SR# Road Name
HORSESHOE EST. 10 3 .69 AC
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
 Conventional Other _____ [] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 60 Ft.
Width of ditches 3 ft. Depth of ditches 12 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] 11/7/01
Signature of Authorized Agent for Harnett County Date