

IMPROVEMENT PERMIT

01-5-3436

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) LARRY McLEAN New Installation Septic Tank
Property Location: SR# NC 27 Repairs Nitrification Line

Subdivision CLEARVIEW Lot # 16

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (46x76) Lot Size: .78 AC

Basement with Plumbing: Garage: MUST meet onsite

Water Supply: Well Public Community DRAIN LINES must be 45' min

Distance From Well: 75' MIN ft. from white line (edge of pavement)

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 4 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18 in.

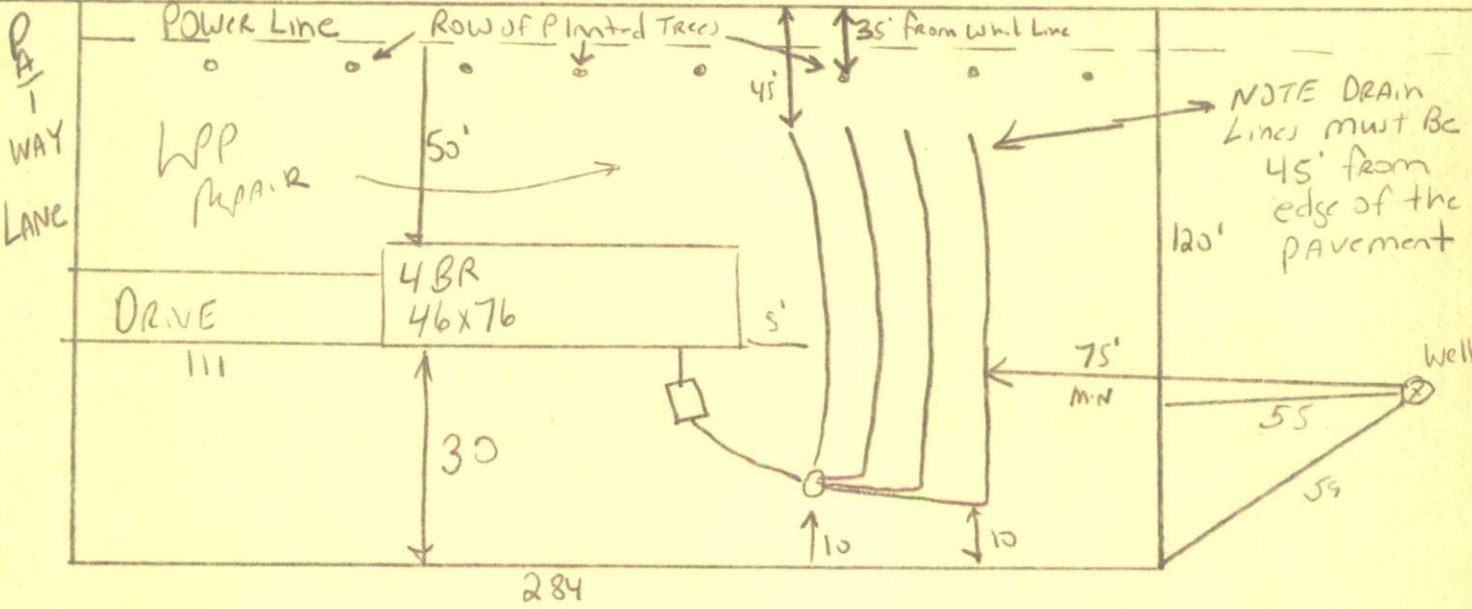
French Drain Required: _____ Linear feet

Date: 12-5-01

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

Signed: Joe Waters
Environmental Health Specialist

NC 27



STAB out Plumbing shallow - Start Lines at 24" & Run To 18" - MAINTAIN ALL SET BACKS - MUST meet onsite Before INSTALLING - Do not Drive OR pack ON septic system - Keep SYSTEM MIN. of 75' from The Well

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 # 18857. 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 LARRY M^o LEAN Telephone # 910-814-9537

Address 202 Old 100 Loop Lillington

Property Location SR# NC27 Road Name

Subdivision CLEARVIEW SUB Lot # 16 # Bedrooms Proposed 4(46x76) Lot size .78

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

Conventional Other _____ [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: 75 Ft.

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 18 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 of Authorized Agent for Harnett County [Signature]

Date 12-5-01