

02-5-4192

HARNETT COUNTY HEALTH DEPARTMENT

No 19109

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) FRANK ARNETE
Property Location: SR# HWY 27
New Installation, Septic Tank, Nitrification Line, Repairs

Subdivision FRANK ARNETE Lot # 5

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: 1.02 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

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

Subsurface Drainage Field: No. of ditches 3, exact length of each ditch 50 ft., width of ditches 3 ft., depth of ditches 18 in.

French Drain Required: Linear feet

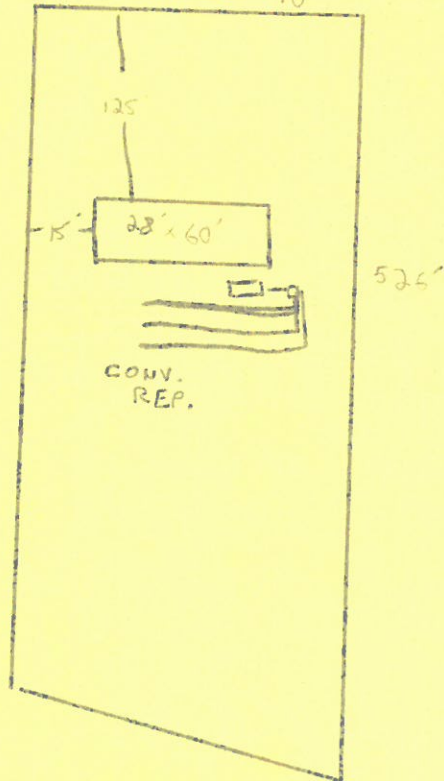
This permit is subject to revocation if site plans or intended use change.

Date: 3/28/02

Signed: [Signature]

Environmental Health Specialist

* MAINTAIN ALL SETBACKS
* RUN LINES ON CONTOUR



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 # 19109. 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 FRANK ARNETTE Telephone # 910-483-5847
Address PO Box 558 SALEMURG NC 28385
Property Location SR# HWY 27 Road Name _____
Subdivision FRANK ARNETTE Lot # 5 # Bedrooms Proposed 3 Lot size 1.02 AC

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 3 Length of lines 50 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 _____ Date 3/28/02