

02-5-4255

HARNETT COUNTY HEALTH DEPARTMENT

No 19155

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) RONNIE BEASLEY New Installation Septic Tank
Property Location: SR# 1549 DENNING RD Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 1 acre

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50' 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: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 115 ft. width of ditches 3 ft. depth of ditches 18 max in.

French Drain Required: - Linear feet

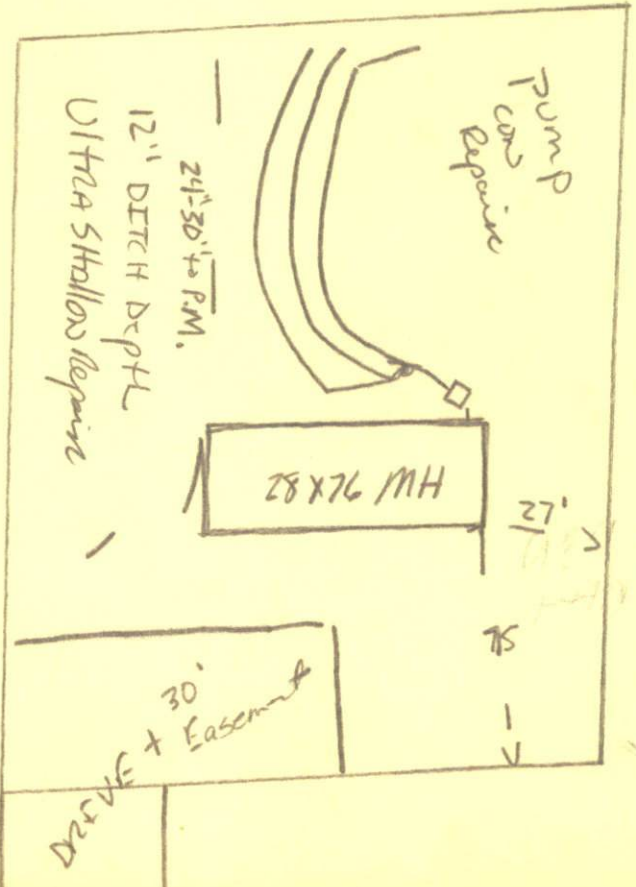
Date: 4-3-02

Signed: James E. Manhart III Environmental Health Specialist

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

* D.O.H Property cut out prior to any soil work. Any change will VOID permit.

* Contractor to meet on site prior to installation.



910 4695
[unclear]

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 # 19155. 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 Ronnie Beasley Telephone # 919-662-9235

Address 5423 Fayetteville Rd Raleigh N.C. 27603

Property Location SR# 1549 Road Name DENNIS

Subdivision _____ Lot # (4) # Bedrooms Proposed _____ Lot size 1 acre

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: 50 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 115' 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 4-3-02