

IMPROVEMENT PERMIT

02-5-4610 Revision

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) Robert Durofen New Installation Septic Tank
Property Location: SR# NC27 Repairs Nitrification Line

Subdivision Longleaf Acres Lot # 40

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (4x60) Lot Size: 1.09 Ac

Basement with Plumbing: Garage: MUST make plot plan to
Water Supply: Well Public Community MATCH this permit
Distance From Well: 55 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

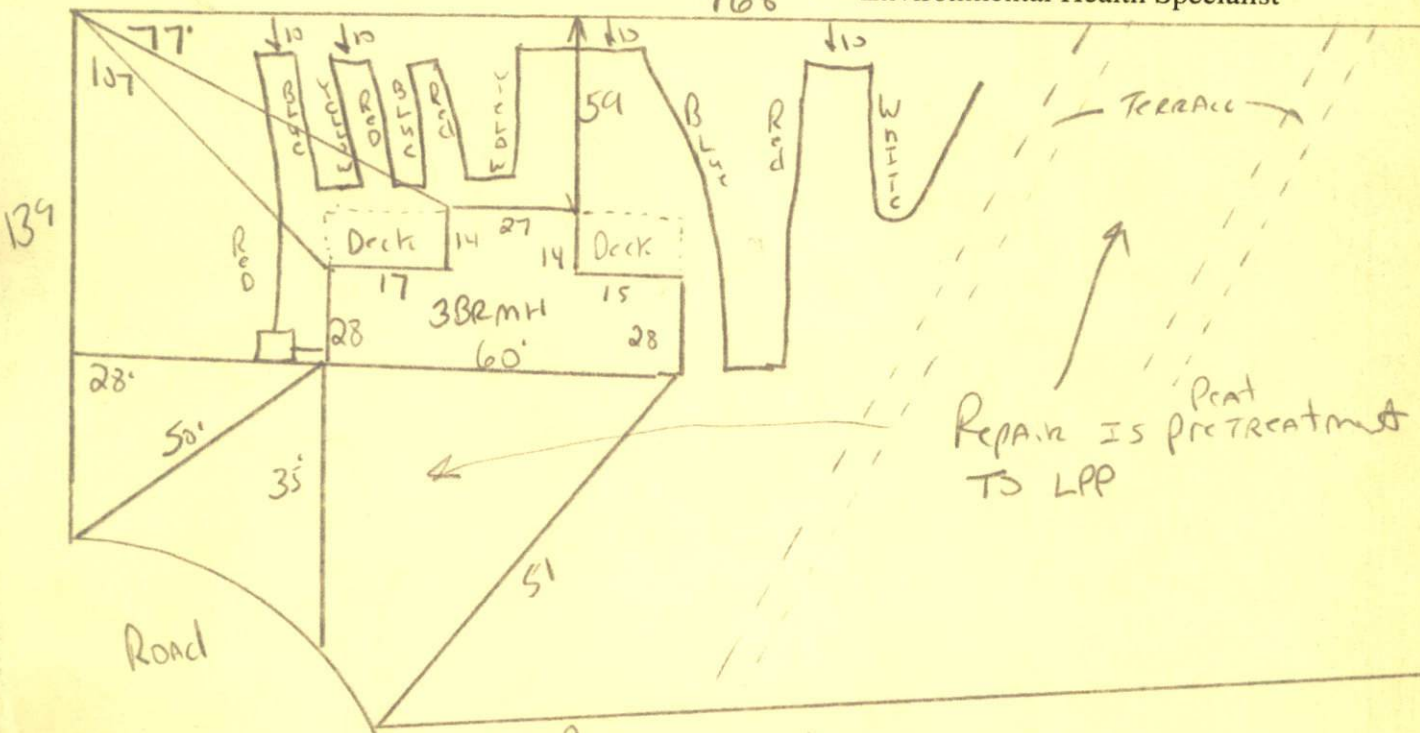
Subsurface Drainage Field No. of ditches 1 exact length 400 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 5-30-02

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

Signed: Joe LAR
168' Environmental Health Specialist



MUST meet onsite Before installing
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM
MAINTAIN ALL SET BACKS 18" MAX DITCH DEPTH

HA TT 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 # 19455. 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.*

Robert Arden 436-0872
Name Telephone #

Address

NC 27

Property Location SR# Road Name

Longleaf Acres 40 3 (41x60) 1.01 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: _____ Ft.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 400 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] 5.31.02
Signature of Authorized Agent for Harnett County Date