

IMPROVEMENT PERMIT

03-5-5539

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) Crystal Kubeny ☒ New Installation ☒ Septic Tank
 Property Location: SR# 421 ☐ Repairs ☒ Nitrification Line

Subdivision Ross Kubeny Lot # —

Tax ID # P Quadrant # —

Number of Bedrooms Proposed: 4 (32x80) Lot Size: 2.69 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 No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 360 ft. ditches 3 ft. ditches 18 MAX in.

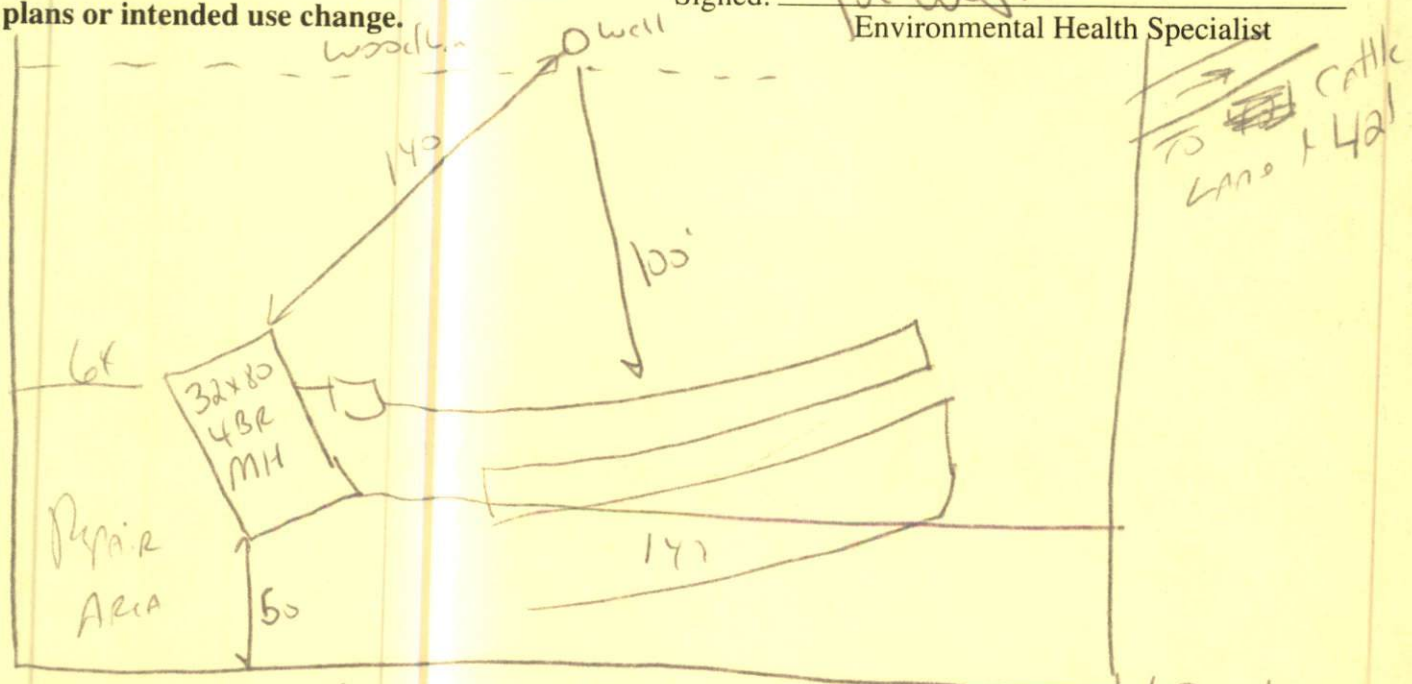
French Drain Required: — Linear feet

Date: 7-10-07

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

Signed: [Signature]

Environmental Health Specialist



STUB OUT Plumbing shallow maintain ALL set BACKS
 DO NOT DRIVE OR PARK ON SEPTIC SYSTEM. Meet
 on site for final layout keep septic system 100'
 from the well

HAF T 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 # 18385. 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 Crystal Kubeny Telephone # 919-550-6352

Address

Cattle lane off 1421

Property Location SR#

Road Name

Boss Kubeny

—

4/32x80

2.69 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: _____ Ft.

Septic Tank

100

Pump Chamber

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 360 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

[Signature]

7-10-02