

IMPROVEMENT PERMIT

03-5-5191

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) Andre McKoy

New Installation Septic Tank

Property Location: SR# NC27

Repairs Nitrification Line

Subdivision LONG LEAF Lot # 35

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x80) Lot Size: 0.43 AC

Basement with Plumbing: Garage: *Please note that this is*

Water Supply: Well Public Community *How home was staked on*

Distance From Well: 50 ft. *Lot. Plot plan should be changed to meet this permit*

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 80 ft. width of 3 ft. depth of 18 in.

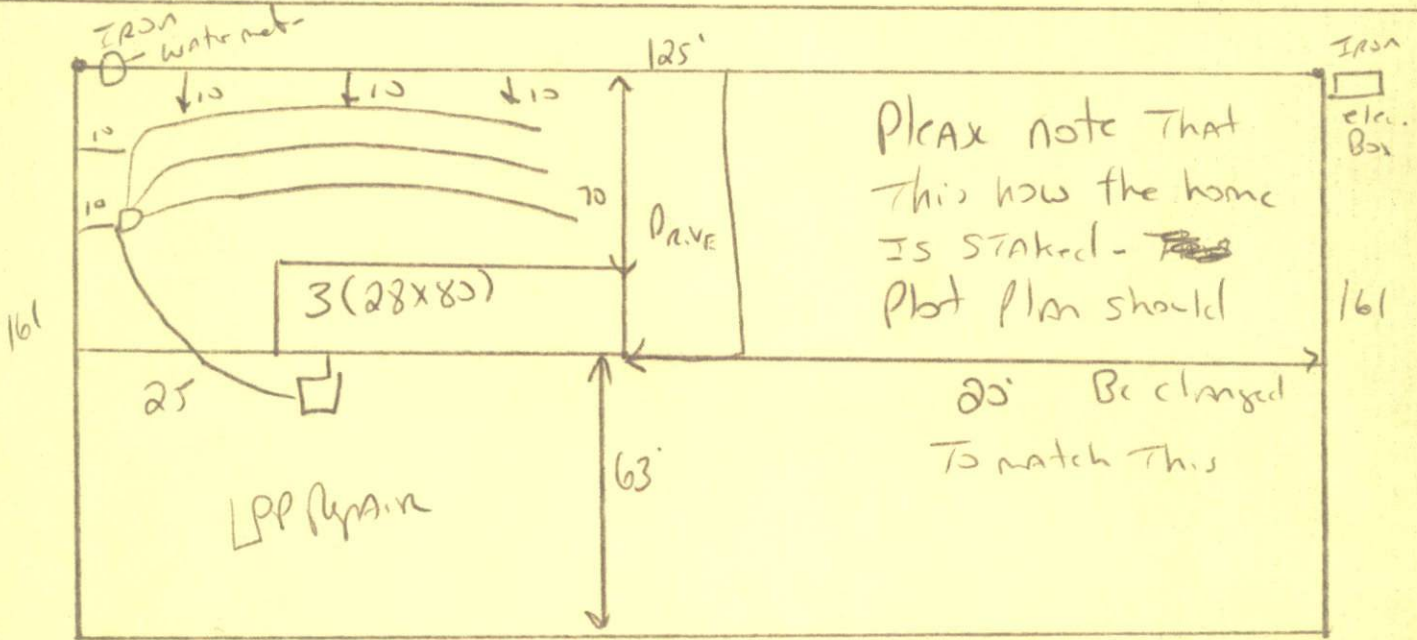
French Drain Required: _____ Linear feet

Date: 8-1-02

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

Signed: Joe Wares
Environmental Health Specialist

Road



STUB out Plumbing shallow 18" Ditch depth, MAINTAIN ALL SETBACKS, DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

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 # 19554. 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.*

Andre McKay Name Telephone # 893-3540

Address _____

NC 27
Property Location SR# Longleaf Road Name _____
35 Lot # 3(28x80) # Bedrooms Proposed 43ac 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: 50 Ft.
Septic Tank 7000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 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] Signature of Authorized Agent for Harnett County Date 8-1-02