03-5-5705

HARITT COUNTY HEALTH DEPARTM

Nº 19673

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) ROBERT EARL DAVIS New Installation Septic Tank |
|--|
| Property Location: SR#2030 MLEAN CHAPEL RO Repairs Nitrification Lin |
| Subdivision Lot # |
| Tax ID # Quadrant # |
| Number of Bedrooms Proposed: Lot Size: Ac |
| Basement with Plumbing: Garage: Garage: |
| Water Supply: Well Public Community |
| Distance From Well: 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: gallons Pump Tank: gallons |
| gardin gardin |
| Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch 75 ft. ditches 18 in. |
| French Drain Required: Linear feet |
| Date: 10/22/07 |
| This permit is subject to revocation if site Signed: |
| plans or intended use change. Environmental Health Specialist |
| DR Gran |
| |
| |
| * MAINTAIN ALL SETBACKS |
| |
| * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION |
| * MAINTAIN ALL SETBACKS * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION. |
| * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION 336' HX80 AND HX80 |
| * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION 336' PUMP |
| * MAINTAIN ALL SETBACKS * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION 236' PUMP SONV. |
| * MAINTAIN ALL SETBACKS * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION PUMP CONV. REPAIR |
| * MAINTAIN ALL SETBACKS * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION 336' PUMP CONV. REPAIR |
| * MAINTAIN ALL SETBACKS * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION PUMP CONV. REPAIR |
| * MAINTAIN ALL SETBACKS * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION 336' PUMP CONV. REPAIR |
| * MAINTAIN ALL SETBACKS * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION 336' PUMP CONV. REPAIR |

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #__!9673____. 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.

| This authorization will be invalid if | f ownership, site plans | , or intended use chan | ge. | |
|--|-------------------------|------------------------|----------------------|--|
| ROBERT EARL DAVIS 910-893-9734 | | | | |
| Name | | Telephone # | | |
| 63 Cucumaga Lin L | JUDEN NC | 28356 | | |
| ridutess | | | | |
| 2030 MJER | U CHAPEL RD | | | |
| Property Location SR# | | Road Name | | |
| | | 3 | 1 AC | |
| Subdivision | Lot # | # Bedrooms Proposed | Lot size | |
| | TYPE OF SYS | <u>TEM</u> | | |
| New Installation [] Repair [| Sentic Tank M Nitr | ification I ines | | |
| Change () | Sebue 1 mm 10 1444 | incation Lines | | |
| Conventional Other | | | | |
| [] Basement [] With Plum | | hino | | |
| [] | | , ₆ | | |
| Water Supply: [] Well X Public | - Minimum Well Seths | ick (Co.) Et | | |
| Septic Tank 1000 (| | | | |
| A CONTRACTOR OF THE CONTRACTOR | IFICATION FIELD SI | | - | |
| 1 11111 | IFICATION FIELD SI | ECIFICATIONS | | |
| Number of fields # of lines | nor field 2 | anoth of lines 75 | 774 | |
| " of fields " of files | per neid | rength of lines | Ft. | |
| Width of ditches ft. Dept | h of ditches $\sqrt{8}$ | inches | | |
| | | | | |
| French Drain: Linear feet required _ | Depth of gra | avel | | |
| No wastewater system sha | ll be covered or pla | aced into use by an | v person until an | |
| 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 Improvemen | at Permit and that a | |
| valid C | perations Permit | has been issued. | and that a | |
| 111/11/10 | | | | |

Signature of Authorized Agent for Harnett County