

03-5-5749

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) FREUND, MICHAEL New Installation Septic Tank
Property Location: SR# 2039 WALKER RD Repairs Nitrification Line

Subdivision CARROLL Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 2.39 AC

Basement with Plumbing: 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: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-24 in.

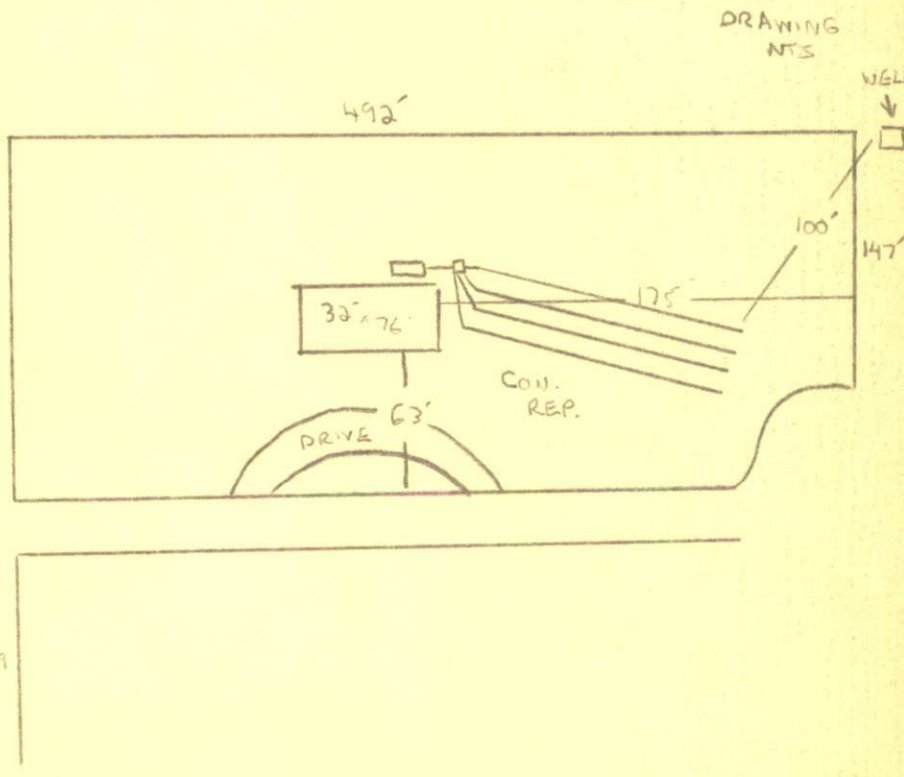
French Drain Required: _____ Linear feet

Date: 11/7/02

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

Signed: [Signature] (OLIVER TOLKSOOR)
Environmental Health Specialist

* MAINTAIN ALL SETBACKS
* RUN LINES ON CONTOUR



HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19804. 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.

FREUND, MICHAEL 910-436-1335
Name Telephone #

529 KILLOFER DR SPRINGLAKE NC 28390
Address

2039 WALKER RD
Property Location SR# Road Name

CARROLL 1 4 2.39 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: 100 Ft.
Septic Tank 1000 gal Pump Chamber _____


NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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 11/7/02 Date