

03-5-6044

HARNETT COUNTY HEALTH DEPARTMENT

No 19695

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) DANIELLE DESSARDIN
Property Location: SR# 2047 HAYES RD
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Amy T Lee Lot # 3

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: 1.66 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 Pump To Conventional

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field: No. of ditches 4, exact length of each ditch 60 ft, width of ditches 3 ft, depth of ditches 12 in.

French Drain Required: Linear feet

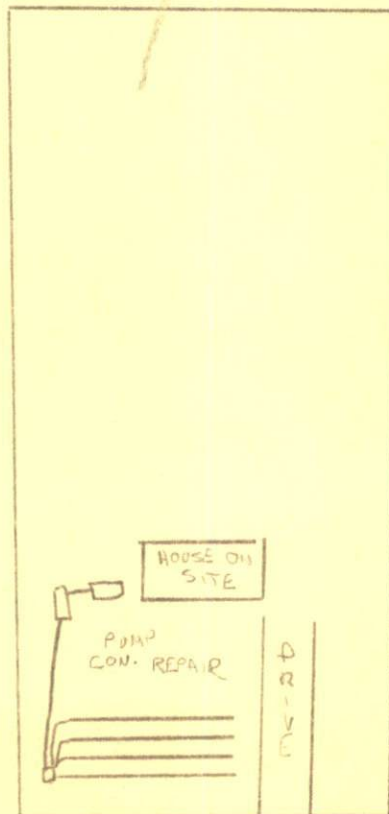
Date: 12/17/02

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

Signed: [Signature] Environmental Health Specialist

DRAWING NTS

- * MAINTAIN ALL SETBACKS
* 6" OF COVER NEEDED OVER DRAINFIELD
* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



HAYES RD 109'

HAR T COUNTY HEALTH DEPARTMENT
AUTL RIZATION TO CONSTRUC

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19695. 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.

DANIELLE DESSARDIN 910-479-6121
Name Telephone #

436 HAYES RD SPRING LAKE NC 28390
Address

2047 HAYES RD
Property Location SR# Road Name

AMY T LEE 3 3 1.66 ac
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other Pump To CONVEN [] Basement [] With Plumbing [] Without Plumbing

Water Supply: Well [] Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 60 Ft.

Width of ditches 3 ft. Depth of ditches 12 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] RS 12/17/02
Signature of Authorized Agent for Harnett County Date