

IMPROVEMENT PERMIT

03-5-6079

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) JAMES E Foet

New Installation

Septic Tank

Property Location: SR# NC 24

Repairs

Nitrification Line

Subdivision VIRANDA Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (27x40) Lot Size: 2.66

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

French Drain Required: _____ Linear feet

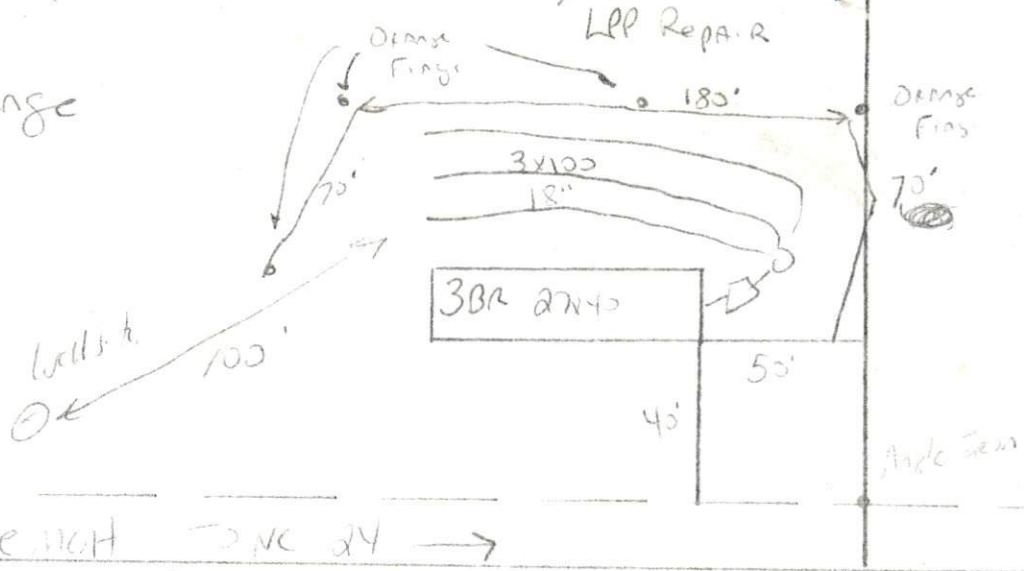
Date: 01-15-03

Signed: [Signature]

Environmental Health Specialist

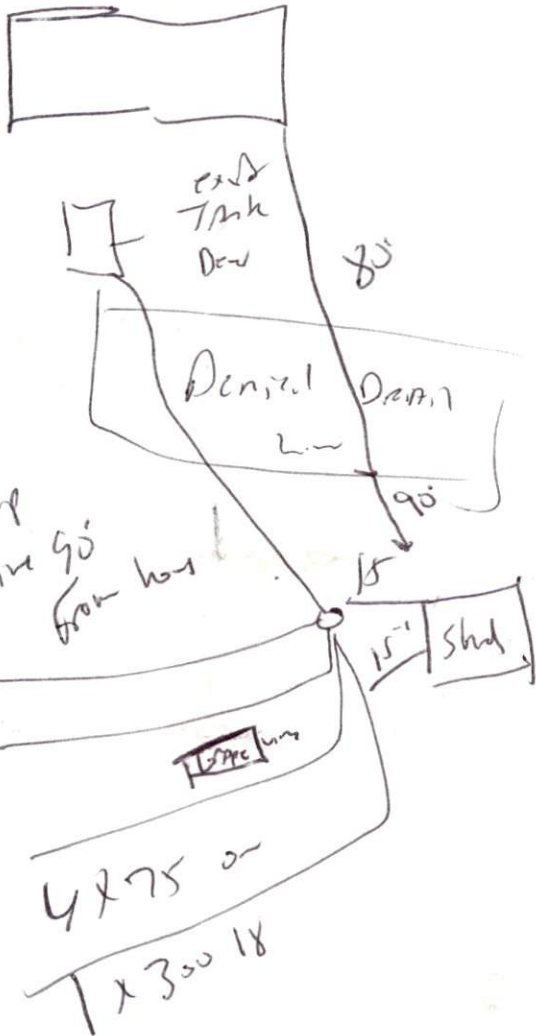
This permit is subject to revocation if site plans or intended use change.

Keep system within my ORANGE Ribbons Maintain All Set Backs



50' ↓ Fire road → NC 24 →

Must meet code for Final Layout - Final layout any change All wells must be 100' from any part of the septic system DO NOT DRIVE OR PARK ON SEPTIC SYSTEM



1st Line 3' 2" of Fall 100'
2' wide with Wavy Gravel

2nd Line 4' of Fall 100'
2' wide with Wavy Gravel

3rd Line 3' 6" of Fall 100'
2' wide with Wavy Gravel

5761
Holland St
Pas

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 # 19218. 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 JAMU E FORT Telephone# 782-4611

Address Nc 24

Property Location SR# Veranda Lot # 4 # Bedrooms Proposed 3 (27x40) Road Name 266 Ac
Subdivision _____ Lot Size _____

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines
 Conventional Other _____
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 100 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 of Harnett [Signature] Date 01-15-03