

HTE 03-5-890

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) Timothy McLean
Property Location: SR# Brooks Mangum Rd
[X] New Installation [X] Septic Tank
[] Repairs [X] Nitrification Line

Subdivision STRAY CATS Cdp Lot # 2

Tax ID # _____ Quadrant # _____
Number of Bedrooms Proposed: 3 (14x76) Lot Size: 1.99 AC

Basement with Plumbing: [] Garage: []
Water Supply: [] Well [X] Public [] Community
Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: [X] Conventional [] Other _____

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

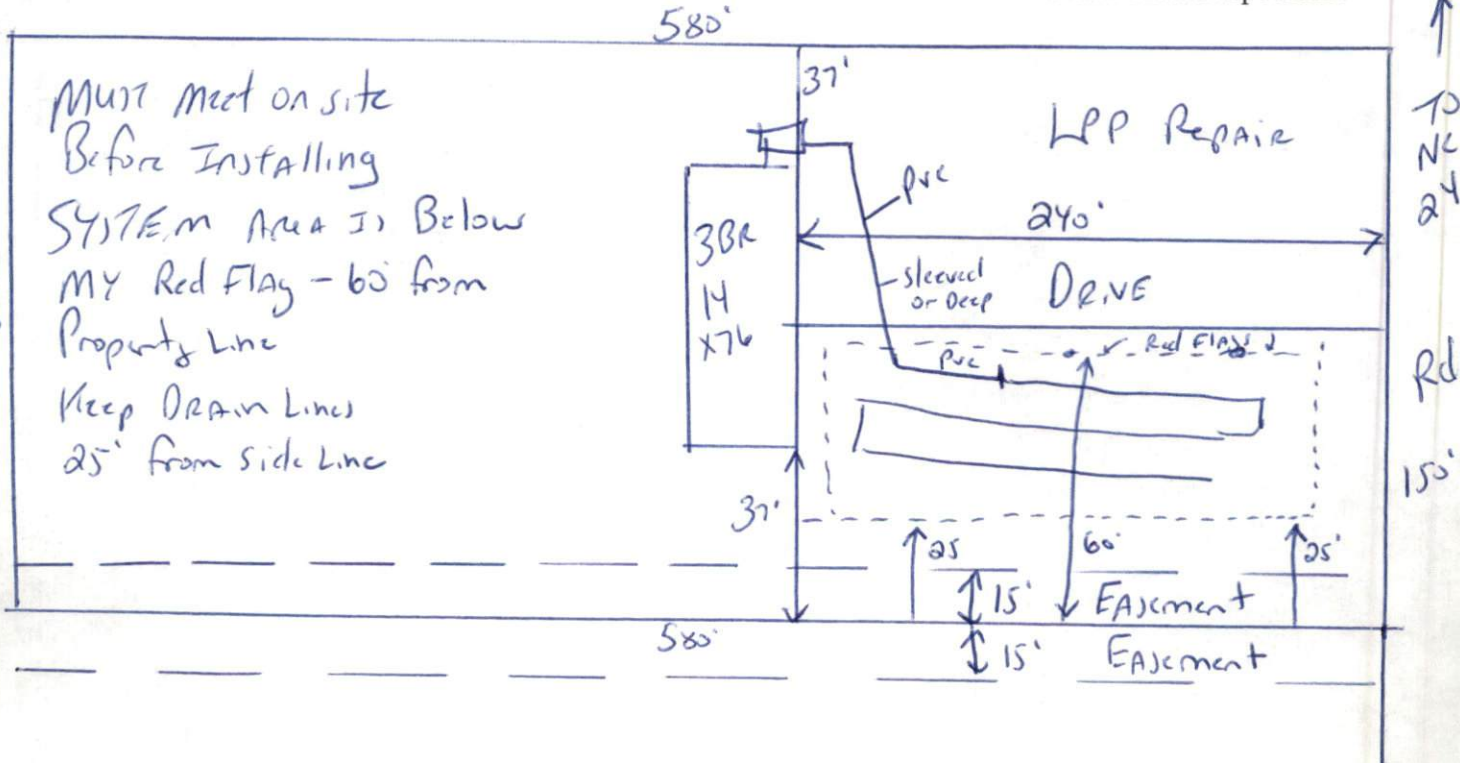
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 240 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

Date: 11-18-03

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

Signed: [Signature] Environmental Health Specialist



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 # 20385. 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.

Timothy McLean
Name _____ Telephone# _____

Address _____

Brooks Mangum M
Property Location SR# _____ Road Name _____

STRAY CAT Corp 2 3 (14x76) 1.99 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 Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 18 ^{max} 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] _____ 11-18-07
Signature of Authorized Agent for Harnett County of Harnett Date