

HTE 04-5-8539

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) DURANE CURRAN New Installation Septic Tank
 Property Location: SR# 1557 Silas Moore Repairs Nitrification Line

Subdivision Quail Hollow Lot # 13

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .57

Basement with Plumbing: Garage:

Water Supply: Well 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: Conventional Other _____

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

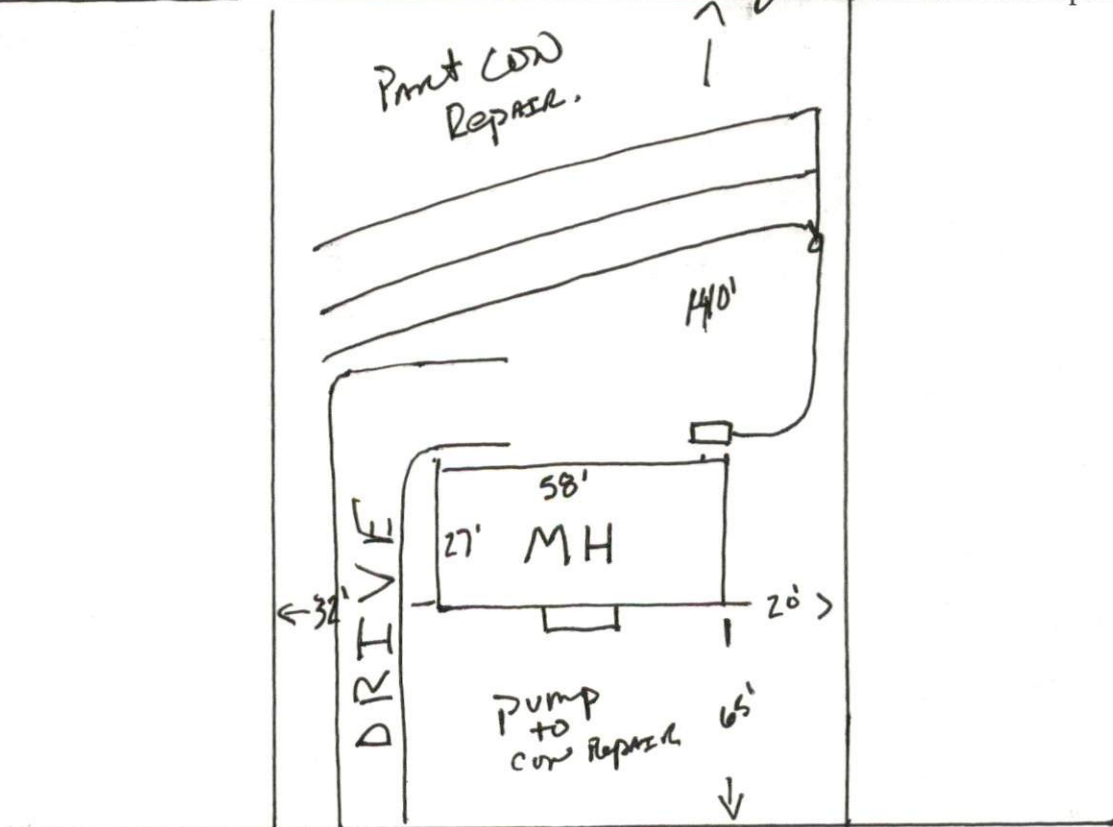
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 90 ft. width of ditches 3 ft. depth of ditches 22-18 in.

French Drain Required: _____ Linear feet

Date: 1-21-04

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

Signed: James C. Manly
 Environmental Health Specialist



SR 1557 Silas Moore

04-5-8539

HARNETT COUNTY HEALTH DEPARTMENT IMPROVEMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20346. 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 DURANE CURREN Telephone# 919-207-7640

Address 1044 Fleming Rd Covets N.C. 27521

Property Location SR# 1557 Road Name Silas Moore

Subdivision Quail Hollow Lot # 13 # Bedrooms Proposed 3 Lot Size 157

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 2 # of lines per field 3 Length of lines 90 Ft.

Width of ditches 3 ft. Depth of ditches 22-18 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.

James E. Manhart
Signature of Authorized Agent for Harnett County of Harnett

1-21-04
Date