

HTE 05-5-11434

IMPROVEMENT PERMIT

21708

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) Alant Mary Templeton New Installation Septic Tank
Property Location: SR# 2030 McLean Chapel Rd. Repairs Nitrification Line

Subdivision Country View Estate Lot # A

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 2.37Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min ft.

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

Type of system: Conventional Other 25% reduction system

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 12 in. 6 in of cover

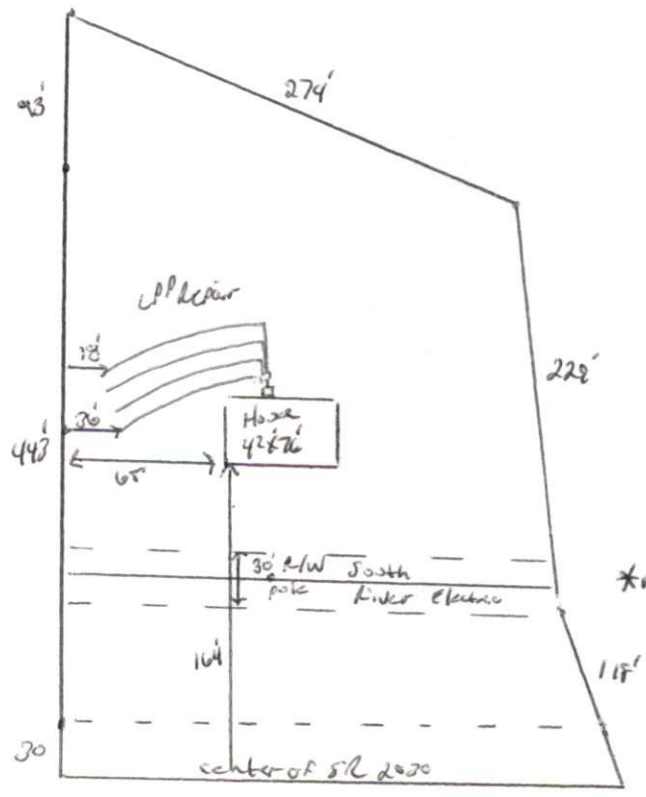
French Drain Required: _____ Linear feet

Date: 3/8/2005

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

Signed: Bryan McLean R.S.
Environmental Health Specialist

- * Maintain all setbacks
- * Run ditches on contour
- * Contractor to meet on site prior to installing system



* Not to scale

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21708. 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 Alan + Mary Templeton Telephone # 814 3604

Address 1151 P. Knoll Dr Apt 101 Spring Lake N.C. 28390

Property Location SR# 2030 Road Name McLaren Chapel CL

Subdivision Candy View Estates Lot # A # Bedrooms Proposed 4 Lot Size 2.37Ac

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
- Conventional Other 25% Reduction System
- Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

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 12 inches
6 inches of cover

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]
Signature of Authorized Agent for Harnett County

3/8/2008
Date