

HARNETT COUNTY HEALTH DEPARTMENT

HTE#05-50013609

IMPROVEMENT PERMIT 22458

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 & STEPHANIE HOOD New Installation [X] Septic Tank [X] Repair []
Property Location: SR# 2072 McNEILL HOOPS RD Nitrification Line [X] Expansion []
Subdivision OTHA PROCOCK Lot # 3
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed : 3 (360 sq ft) Lot Size: 10.36 ac

Basement with Plumbing: [] Garage: []
Water Supply: [X] 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: [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 3 ft. of each ditch 100 ft. ditches 3 ft. ditches 36-24 in.

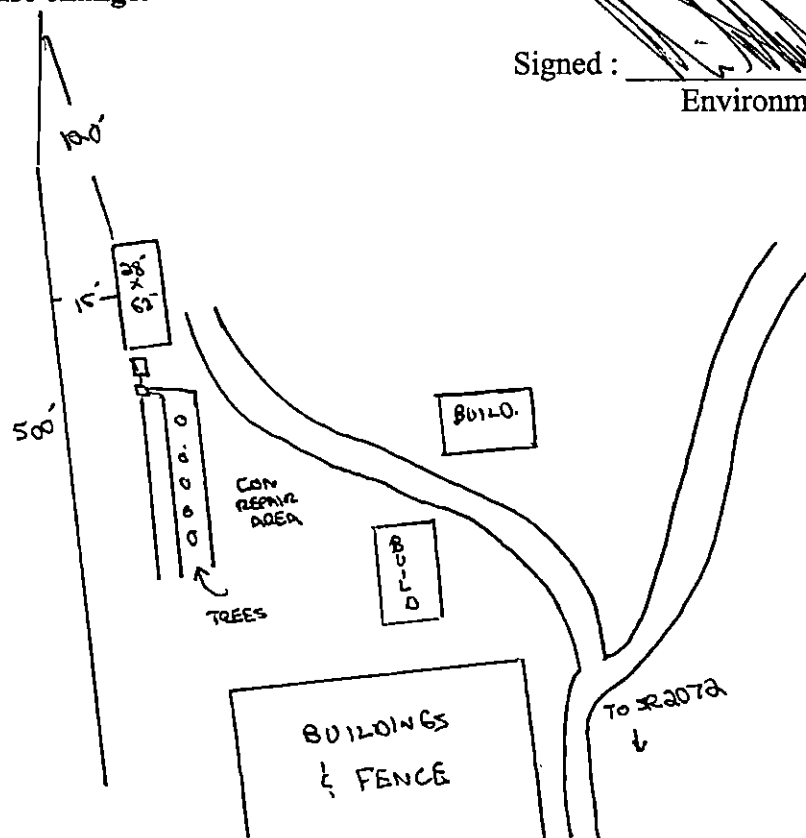
French Drain Required: _____ Linear feet

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

Date: 12/8/05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature] (OLIVER TOLKSOFF)
Environmental Health Specialist

*MAINTAIN ALL SETBACKS
*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



BUILDINGS & FENCE

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 # 22458. 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 & STEPHANIE HOOD 814-1737
Name Telephone #

969 McNEIL-HOBBS RD BUNNLEVEL NC 28323
Address

2072 MCGILL HOBBS RD
Property Location SR# Road Name

OTHA ADCOCK 3 3 (360 sq ft) 10.36 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: 100 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

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 36-24 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 12/2/05
Signature of Authorized Agent for Harnett County Date