

HTE# 05-5-13730

IMPROVEMENT PERMIT 22353

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) Jesse D Terwigan New Installation Septic Tank Repair
Property Location: SR# 1560 Festus Nitrification Line Expansion
Subdivision ENNIS 910 Lot # 21
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 Lot Size: 1.87

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: _____ 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 No. of exact length width of depth of
Drainage Field ditches 3 ft. of each ditch 100 ft. ditches 3 ft. ditches 24" in.

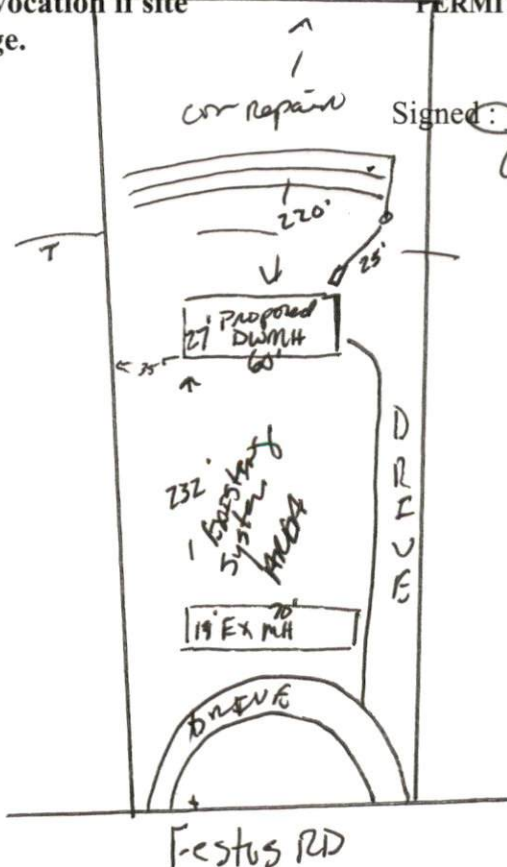
French Drain Required: - Linear feet

Date: 1-5-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: James E. Monahan
Environmental Health Specialist



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 # 22353. 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 Jesse D Jernigan Telephone # 910-814-2762

Address 70 JOE ROSS RD LELLENSTON N.C. 27546

Property Location SR# 1560 Road Name FESTUS RD

Subdivision KNIVES RD Lot # 21 # Bedrooms Proposed 3 360 600 Lot Size 1-87

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 100 Ft.

Width of ditches 3 ft. Depth of ditches 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.

James C. Montfort
Signature of Authorized Agent for Harnett County

1-5-06
Date