

HTE 01-5-1619R

IMPROVEMENT PERMIT

21170

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) Mark Quetz New Installation Septic Tank
Property Location: SR# Old 421 Repairs Nitrification Line

Subdivision Royal Pine Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x52) Lot Size: 10.10 ac

Basement with Plumbing: Garage: This permit replaces permit #

Water Supply: Well Public Community 18300 A & 18300 B

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: Conventional Other _____

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

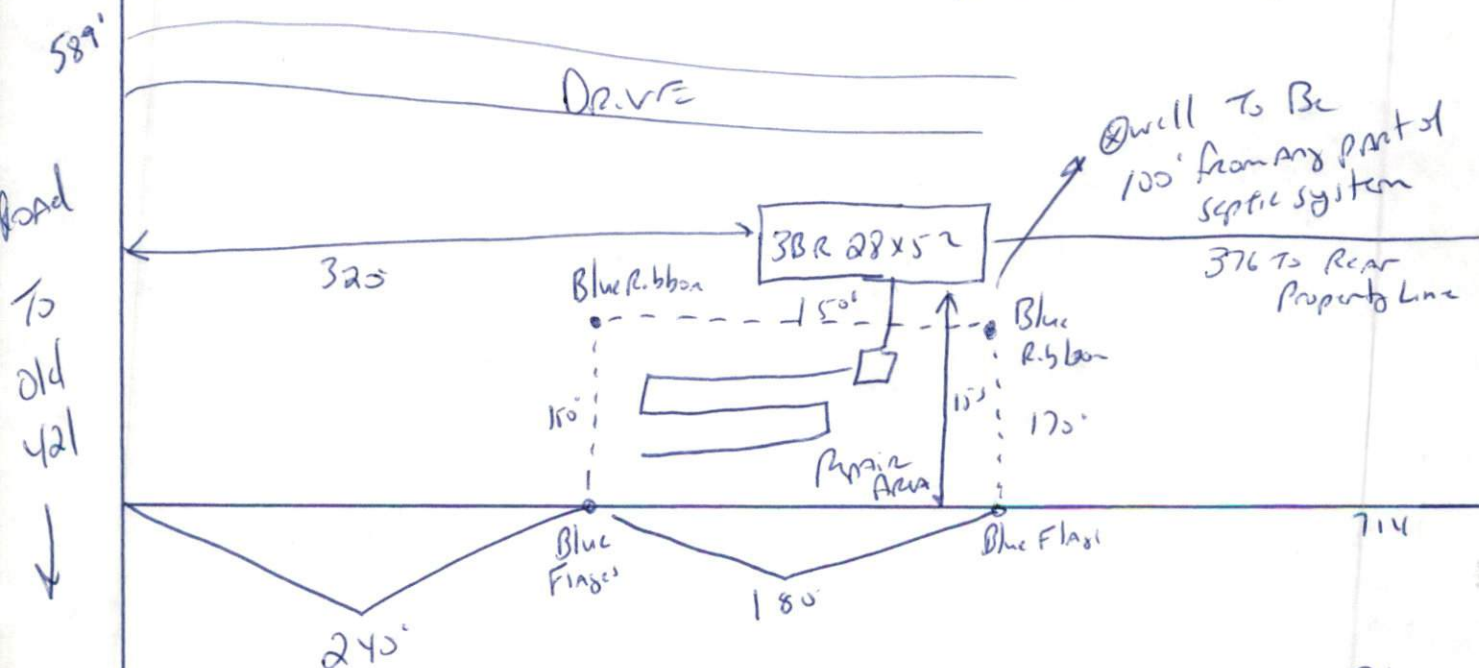
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 12-27-07

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

Signed: Jon Weber
Environmental Health Specialist



Meet onsite - SYSTEM TO GO IN AREA MARKED BY MY BLUE RIBBONS/FLAGS - DO NOT REMOVE RIBBONS KEEP WELL 100' FROM ANY PART OF SEPTIC SYSTEM

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRU

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 21170. 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 Mark Dantz Telephone# _____

Address _____

Property Location SR# _____ Road Name _____

Subdivision Royal Pine Lot # 3 # Bedrooms Proposed 3(28x52) Lot Size 10100

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

NITIRFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 200 Ft.

Width of ditches 3 ft. Depth of ditches 1804 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 of Authorized Agent for Harnett County of Harnett _____

Date 12-23-07