

02-5-4962
(REVISED PERMIT)

HARNETT COUNTY HEALTH DEPARTMENT

No 19540

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) JIM + MARY ANN TART New Installation Septic Tank
Property Location: SR# 2027 HORSESHOE BEND RD Repairs Nitrification Line

Subdivision HORSESHOE ESTATE Lot # 9

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: .68 AC

Basement with Plumbing: Garage:

Water Supply: 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: Conventional Other PUMP TO CONVENTIONAL

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

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 12 in.

French Drain Required: _____ Linear feet

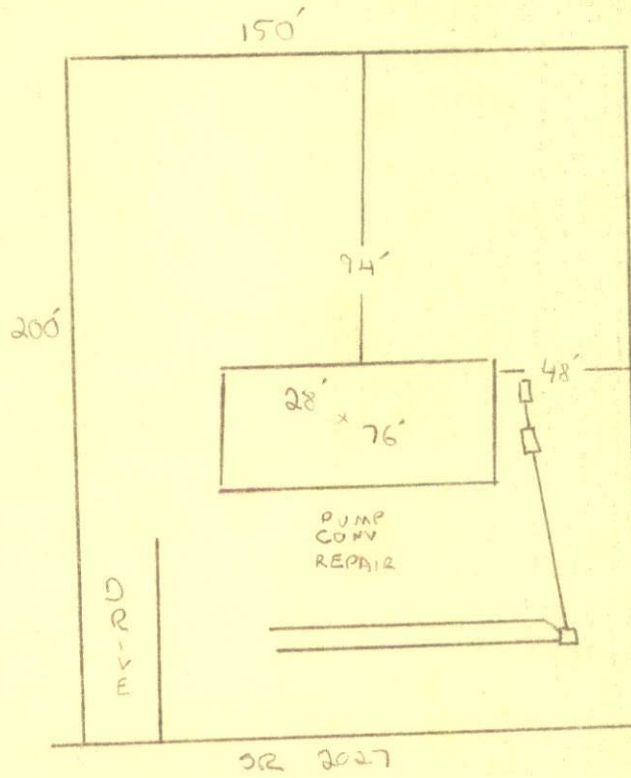
Date: 8/2/02

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

Signed: [Signature] OLIVER TALKER
Environmental Health Specialist

8/16/02 OT
DRAWING
NTS

- * MAINTAIN ALL SETBACKS
- * MINIMUM OF 6" OF COVER NEEDED OVER ENTIRE DRAIN FIELD



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19540. 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.*

JIM LAUVEQ + MARY ANN TART 910-488-1672
Name Telephone #

204 BAYTON DR FAYETTEVILLE NC 28301
Address

2027 HORSESHOE BEND RD
Property Location SR# Road Name

HORSESHOE ESTATES 9 4 .68 AC
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other PUMP TO CONV. [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 12-18 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.

[Signature] 8/2/02
Signature of Authorized Agent for Harnett County Date