

HARNETT COUNTY HEALTH DEPARTMENT

HTE 045-10106

IMPROVEMENT PERMIT

21314

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) Lambert Bequette
Property Location: SR# 1270 Hollow Pine Rd
New Installation [checked] Septic Tank [checked]
Repairs [unchecked] Nitrification Line [checked]

Subdivision [blank] Lot # 7B

Tax ID # [blank] Quadrant # [blank]

Number of Bedrooms Proposed: 4 (28 x 76) Lot Size: 21.35 AC 5.00 AC

Basement with Plumbing: [unchecked] Garage: [checked]

Water Supply: [checked] Well [unchecked] Public [unchecked] Community [unchecked]

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: [checked] Conventional [unchecked] Other

Size of tank: Septic Tank: 1200 gallons Pump Tank: [blank] gallons

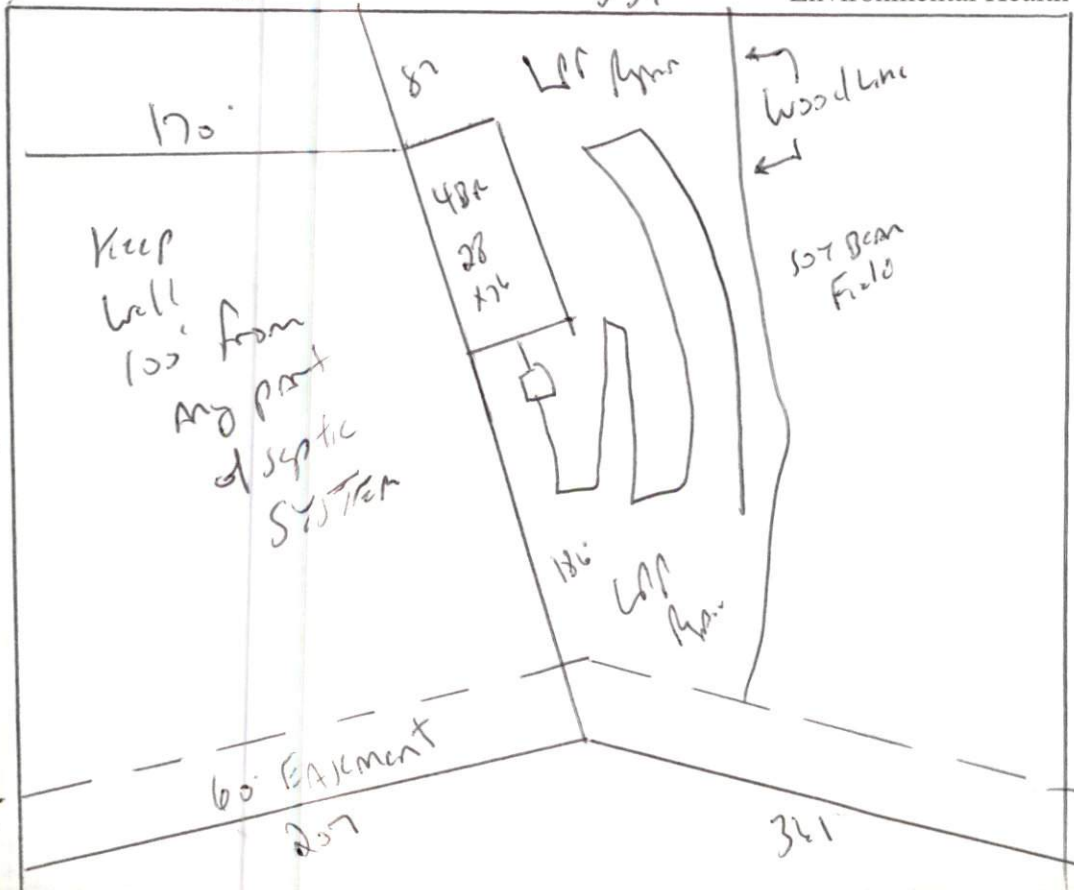
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 400 ft. width of ditches 3 ft. depth of ditches 18 1/4 in.

French Drain Required: [blank] Linear feet

Date: 09-13-04

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

Signed: [Signature] Environmental Health Specialist



Meet on site for final layout

To SA 1270

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 # 21314. 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.*

Lambert Bevenuto
Name _____ Telephone # _____

Address _____

1270
Property Location SR# _____ Road Name _____

Subdivision _____ Lot # 73 # Bedrooms Proposed 4(28x76) Lot Size 5.00M

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: 50 Ft.

Septic Tank 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 400 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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.

Joe West RS
Signature of Authorized Agent for Harnett County _____ Date _____