

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 A. & TONYA MARTIN
Property Location: SR# 1203 CALVARY CHURCH RD
New Installation [X] Septic Tank [X]
Repairs [] Nitrification Line [X]

Subdivision CYPRESS CREEK FARMS Lot # 5-A

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 21.45 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: [X] Conventional [] Other _____

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

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 135 ft. width of ditches 3 ft. depth of ditches 15" top line, 24" bottom

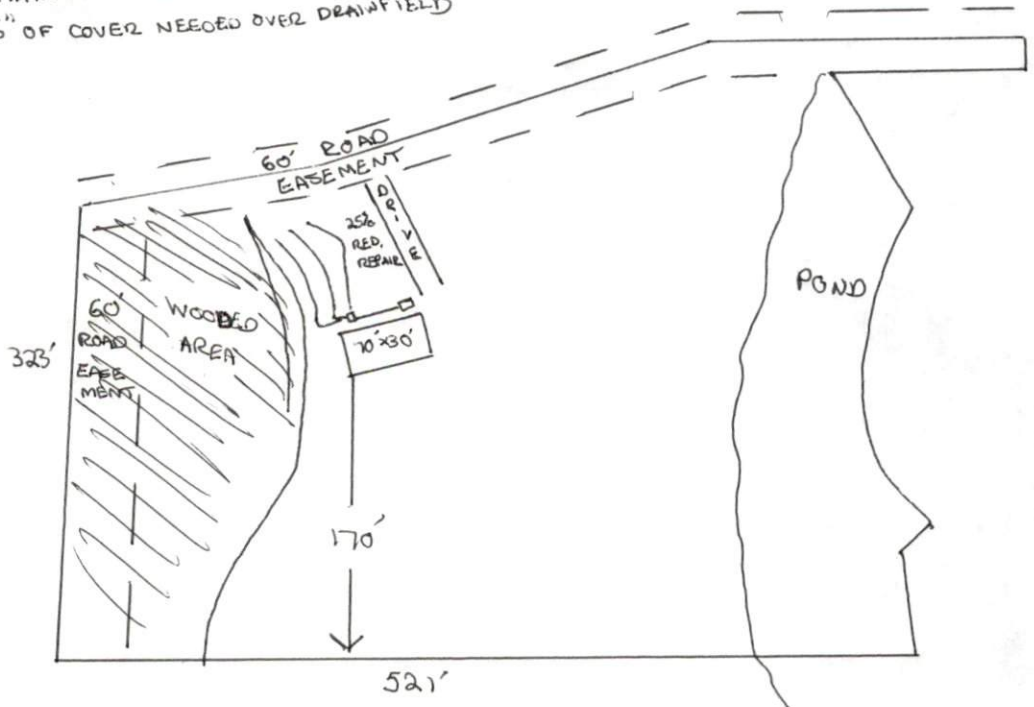
French Drain Required: _____ Linear feet

Date: 9/7/04

Signed: [Signature] Environmental Health Specialist

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

- * MAINTAIN ALL SETBACKS
* SET TANK SHALLOW TO ALLOW USE FOR REPAIR
* MAINTAIN ALL SETBACKS
* 6" OF COVER NEEDED OVER DRAINFIELD



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 # 21220. 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.*

MARK & TONYA MARTIN 482-3450
Name Telephone #

5121 FLAT ROCK DR FAYETTEVILLE NC 28311
Address

1203 CALVARY CHURCH RD
Property Location SR# Road Name

CYPRESS CR Fm 5-A 4 2145
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 135 Ft.

Width of ditches 3 ft. Depth of ditches ^{TOP 15"} Bottom 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
Signature of Authorized Agent for Harnett County

9/7/04
Date