

HARNE COUNTY HEALTH DEPARTMENT

HTE# 05-50012762R

IMPROVEMENT PERMIT 22209

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) WILLIAM L. STEWART New Installation [X] Septic Tank [X] Repair []

Property Location: SR# 2031 ANDERSON RD Nitrification Line [X] Expansion []

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (360 sqd) Lot Size: 3.64ac

Basement with Plumbing: [] Garage: []

Water Supply: [] Well [X] Public [] Community []

Distance From Well: 50 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 2 ft. exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 30-38 in.

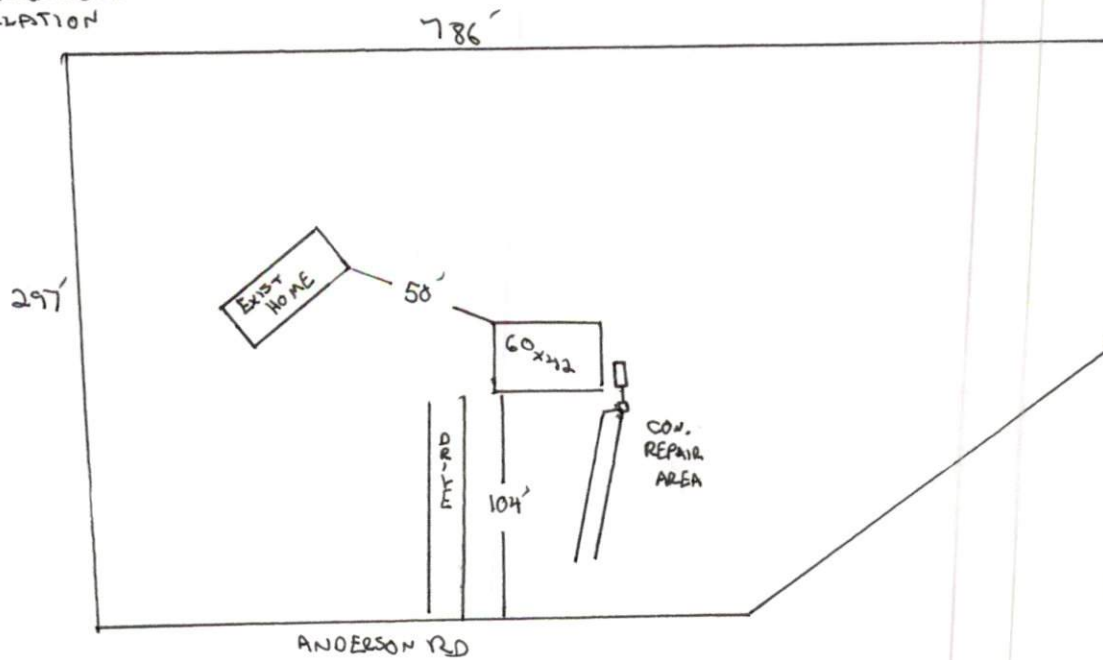
French Drain Required: _____ Linear feet

Date: 9/20/05 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature] ES (OLIVER TOLKSON) Environmental Health Specialist

*MAINTAIN ALL SETBACKS *CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



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 # 22209. 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.*

WILLIAM L. STEWART
Name 893-9689
Telephone #

290 ANDERSON RD LINDSEY NC 28356
Address

2031
Property Location SR# ANDERSON RD
Road Name

- Subdivision - Lot # 3 (320 sq ft) # Bedrooms Proposed 3.64 ac 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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

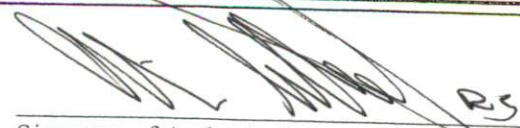
NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 30-18 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 of Authorized Agent for Harnett County

9/20/05
Date