HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05 50012961R

IMPROVEMENT PERMIT 22214

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) JAMES LATTA New Installation ☒ Septic Tank ☒ Repair ☐

Property Location: SR# 2067 ~~LATTA~~ TEMPLE RD Nitrification Line ☒ Expansion ☐

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed : 2 (240 gpd) Lot Size: 15.07 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 _____

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

Subsurface Drainage Field: No. of ditches 2 ft. exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 20 MAX! in.

French Drain Required: _____ Linear feet

Date: 9/23/05

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

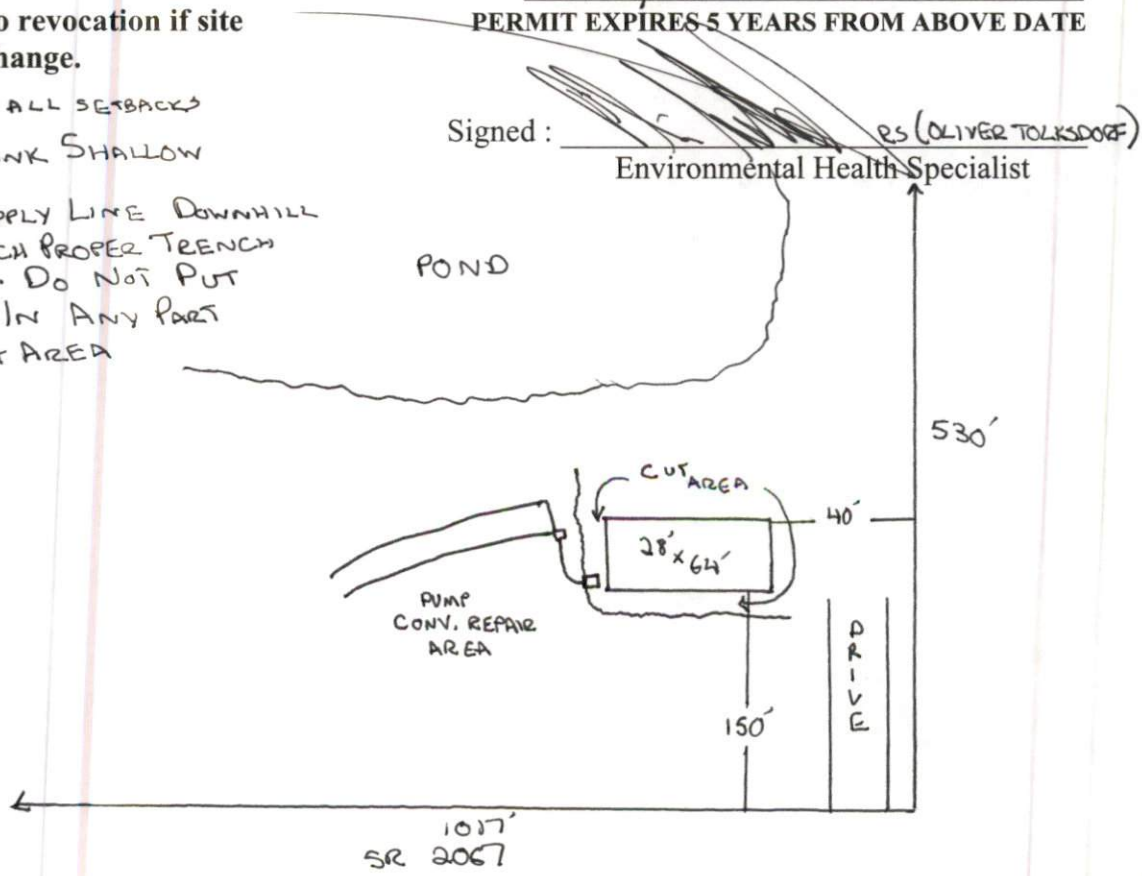
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed : _____ RS (OLIVER TOLKSDORF)
Environmental Health Specialist

*MAINTAIN ALL SETBACKS

*SET TANK SHALLOW

*RUN SUPPLY LINE DOWNHILL TO REACH PROPER TRENCH DEPTH. DO NOT PUT LINES IN ANY PART OF CUT AREA



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 # 22214. 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.***

JAMES LATTA — 893-4373
Name — Telephone #

550 TEMPLE RD BUNNLEVEL NC 28323
Address

2067 — TEMPLE RD
Property Location SR# — Road Name

— — 2 (240 gpd) — 15.07 AC
Subdivision — Lot # — # Bedrooms Proposed — Lot Size

TYPE OF SYSTEM

[X] New Installation [ ] Repair [X] Septic Tank [ ] Nitrification Lines

[X] Conventional [ ] Other _____

[ ] *Basement* [ ] *With Plumbing* [ ] *Without Plumbing*

Water Supply: [ ] Well [X] 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 2 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 20 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.

RS
Signature of Authorized Agent for Harnett County — 9/23/05 Date