

HTE# 05-50013039

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT 22213

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) KIMBERLY GUNN New Installation Septic Tank Repair
Property Location: SR# 2031 WIRE RD Nitrification Line Expansion
Subdivision AUTUMN ACRES Lot # 5
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 4 (480 gpd) Lot Size: 2.06 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 5 ft. exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 24 in.

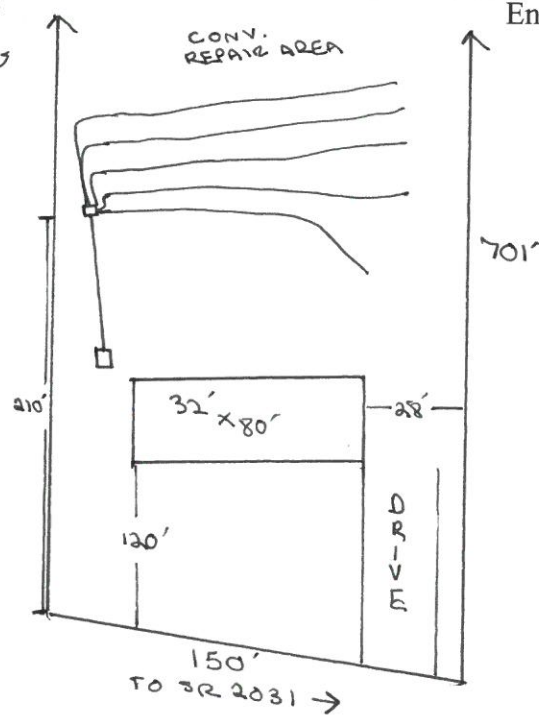
French Drain Required: _____ Linear feet

Date: 9/22/05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature] HS (OLIVER TOLKSOFF)
Environmental Health Specialist

- * MAINTAIN ALL SETBACKS
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION
- * VERIFY PROPERTY LINES BEFORE 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 # 22213. 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.*

KIMBERLY GUNN
Name 496-0653
Telephone #

106 Apt B SWEET LANE SPRING LAKE NC 28390
Address

2031
Property Location SR# WIRE RD
Road Name

Autry Acres 5 4 (480 sqd) 2.06ac
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 5 Length of lines 80 Ft.
Width of ditches 3 ft. Depth of ditches 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 9/22/05
Date