

HTE# 06-5-14598

IMPROVEMENT PERMIT

23186

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) KEISHA STEADMAN New Installation Septic Tank Repair

Property Location: SR# HWY 24/27 (LIZZIE JETER LN) Nitrification Line Expansion

Subdivision _____ Lot # 1

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (480 sqd) Lot Size: .50 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 No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 400 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

Date: 8/11/06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

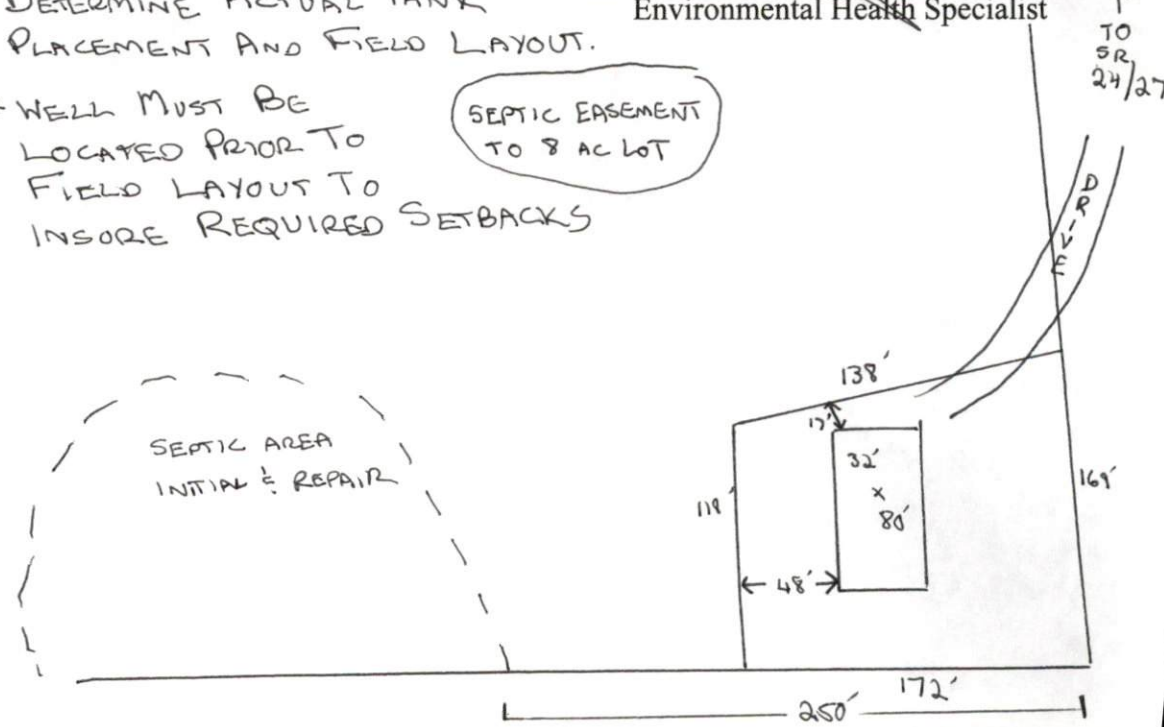
This permit is subject to revocation if site plans or intended use change.

* MEET ON SITE TO DETERMINE ACTUAL TANK PLACEMENT AND FIELD LAYOUT.

* WELL MUST BE LOCATED PRIOR TO FIELD LAYOUT TO INSURE REQUIRED SETBACKS

Signed: [Signature] Environmental Health Specialist

SEPTIC EASEMENT TO 8 AC LOT



TO SR 24/27

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 # 23186. 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.*

KEISHA STEADMAN Name 919-248-3590 Telephone #

80 STOVALL TERRACE CAMERON NC 28326 Address

Hwy 24/27 Property Location SR# _____ Road Name

Subdivision _____ Lot # 1 # Bedrooms 4 (480 gpd) Proposed _____ Lot Size .50 ac

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 1 Length of lines 400 Ft.

Width of ditches 3 ft. Depth of ditches 12 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

8/11/06
Date