

IMPROVEMENT PERMIT

03-5-5991

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) Oak Ranch David Perry
Property Location: SR# Buchanan Rd
New Installation
Septic Tank
Repairs
Nitrification Line

Subdivision Lot #

Tax ID # Quadrant #

Number of Bedrooms Proposed: Lot Size:

Basement with Plumbing: Garage: Storage Bldg with Bathroom
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 exact length of each ditch width of ditches depth of ditches

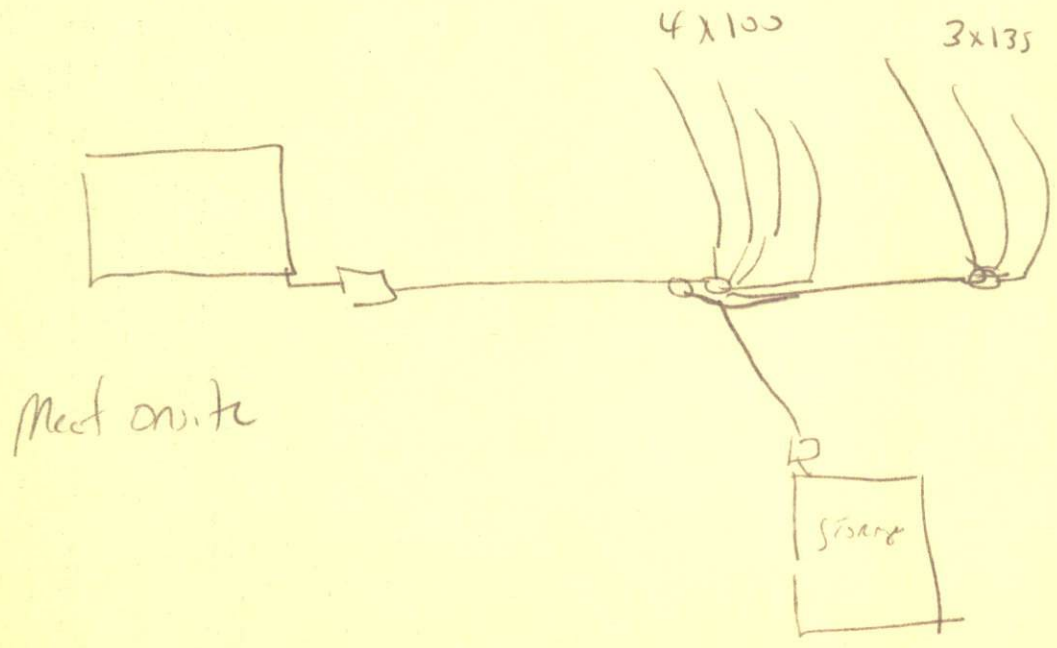
French Drain Required: Linear feet

Date: 12-11-02

Signed: [Signature] Environmental Health Specialist

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

Add 1000 gal septic tank AT Garage - (Storage Building) - hard pipe to "0" Box of existing system



Meet onsite

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19922. 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.*

Oak Ranch 258-5437
Name Telephone #

Buckhorn M
Address

Property Location SR# Road Name

Subdivision Lot # Storage # 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 - Minimum Well Setback: 100 Ft.
Septic Tank 9000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field _____ Length of lines _____ Ft.

Width of ditches _____ ft. Depth of ditches _____ 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.

Joe White 12/1/02
Signature of Authorized Agent for Harnett County Date