

IMPROVEMENT PERMIT

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) Richard Gnes New Installation Septic Tank
 Property Location: SR# 1769 OLD STAGE Repairs Nitrification Line

Subdivision Riverland Est Lot # 6

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: .66

Basement with Plumbing: Garage:

Water Supply: Well 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: Conventional Other EE-227 LAY I WWS-SS-3R

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length 100 width of 3 depth of 16-18 max
 of each ditch 133 ft. ditches 3 ft. ditches in.

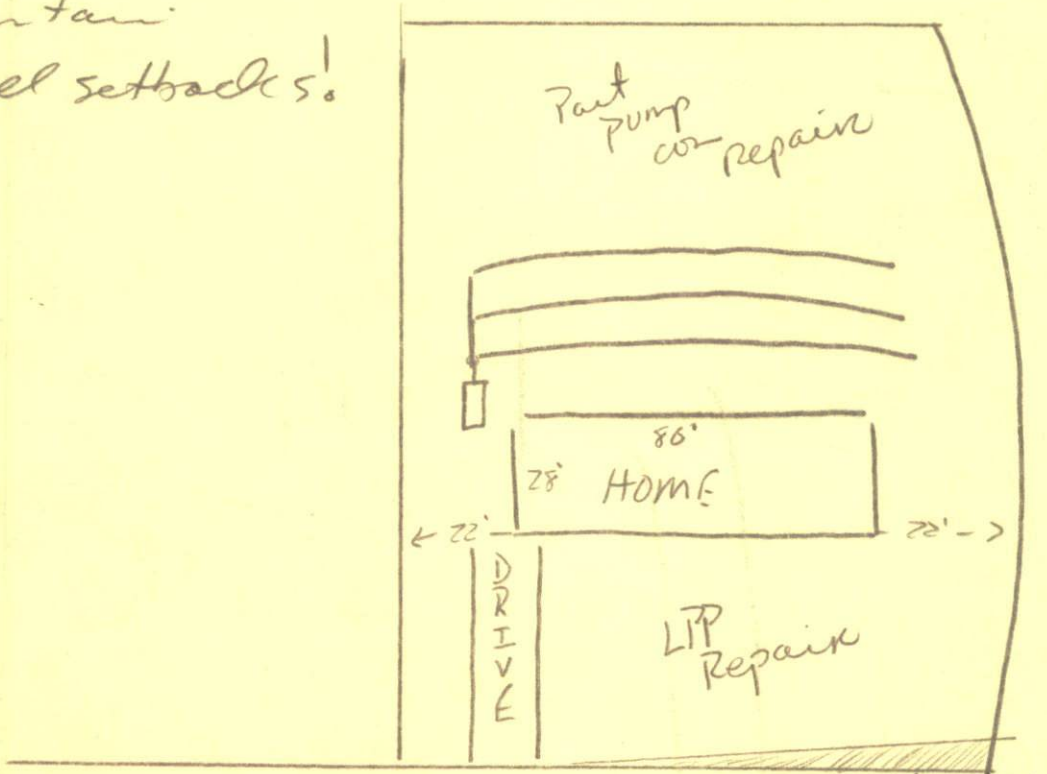
French Drain Required: - Linear feet

Date: 11-28-01

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

Signed: James E. Mantau RES.
 Environmental Health Specialist

*Mantau
all setbacks!*



SR 1769 OLD STAGE SOUTH.

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 18637. 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.

Richard Gies
Name _____ Telephone # _____

P.O. Box 1623 Lillington N.C. 27546
Address _____

1769 _____ 0117 STAGE
Property Location SR# _____ Road Name _____

Riverland Est _____ 6 _____ 4 _____ .66
Subdivision _____ Lot # _____ # Bedrooms Proposed _____ Lot size _____

TYPE OF SYSTEM

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

[] Conventional Other SEE WORK [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well [] Public - Minimum Well Setback: 50 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 16-18 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.

James E. Marshall _____ 11-28-01
Signature of Authorized Agent for Harnett County _____ Date _____