#03-5-6288

HARNETT COUNTY HEALTH DEPARTM

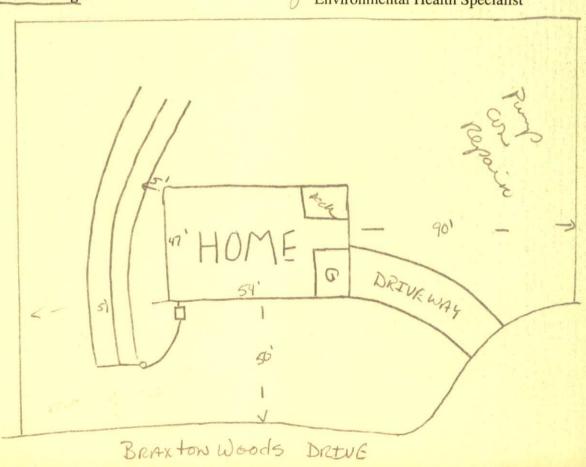
IM. ROVEMENT PERMIT

No 19883

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) Walken Custon Homes Tuc New Installation Septic Tank Property Location: SR# Huy 55 Repairs Nitrification Line Subdivision Braxton Lot # 18 Tax ID #______Quadrant #_____ Number of Bedrooms Proposed: 3 Lot Size: 30,844 Set Basement with Plumbing: Garage: Water Supply: Well Public ☐ Community Distance From Well: _______ ft Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other FEEFTTTIAN TWWS . 55-31 Type of system: Conventional Pump Tank: _____ gallons Size of tank: Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches 3 ft. ditches 5 ft. ditches 5 in. Drainage Field French Drain Required: _____ Linear feet

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

Date: ____ /- 28-03 Signed: Environmental Health Specialist



H JETT COUNTY HEALTH DEPARTMENT AUT_DRIZATION TO CON_TRUCT

Owner or Authorized Agent DONAID Gregory
Name: Walker Custom Homes Inc Telephone # 919-779-417
Address: 3316 Alslee Daks Dn Ralengh N.C. 27606
Property Location: SR# Aug. 55 Road Name 55
New Installation Repair Septic Tank Nitrification Lines
Subdivision Braxton Lot # Lot #
Number of Bedrooms Proposed: 30, 844 sq FT
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other FARE-ZOZ Ag
Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Z Number of Lines per Field 3 Length of lines SO
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.
Authorized Agent for Harnett County Health Department
Name: E Manhart Date: Date:
(ACCOUNTED TO JUNE 1 RULL WITH