

HTE 04-5-9245

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) DAWN GALINDO New Installation Septic Tank
 Property Location: SR#1727 SUGGS RD Repairs Nitrification Line

Subdivision WALTS CROSSING Lot # 12
 Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 2.35

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 _____

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

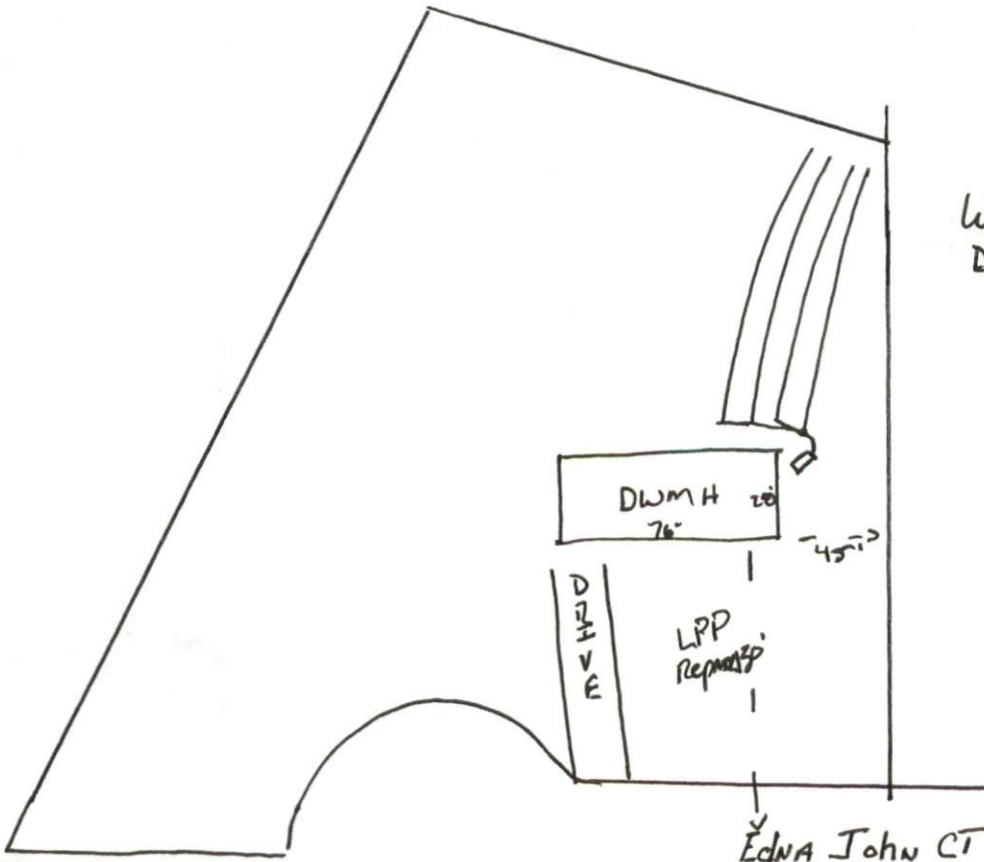
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18-20 in.

French Drain Required: - Linear feet

Date: 5-4-04

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

Signed: James C. Markant
 Environmental Health Specialist



WELL to BE Below
 DRIVEWAY AREA

Edna John CT

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 # 20792. 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.*

DAWN GALINDO 919-630-0408
Name Telephone #

413 E JACKSON BLVD EWIN N.C. 28339
Address

1727 SUGGS
Property Location SR# Road Name

WATTS CROSSING 12 4 2.36
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: _____ Ft.

Septic Tank 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 150 Ft.

Width of ditches 3 ft. Depth of ditches 18-20 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. Manhart
Signature of Authorized Agent for Harnett County

5-4-04
Date