

HTE 04-50010918R

IMPROVEMENT PERMIT

21676

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) RUSSELL PRICE New Installation Septic Tank
 Property Location: SR# 1769 Old Wire Rd Repairs Nitrification Line

Subdivision PRICELAND ESTATES Lot # 45

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .5 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 25% REDUCTION SYSTEM

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

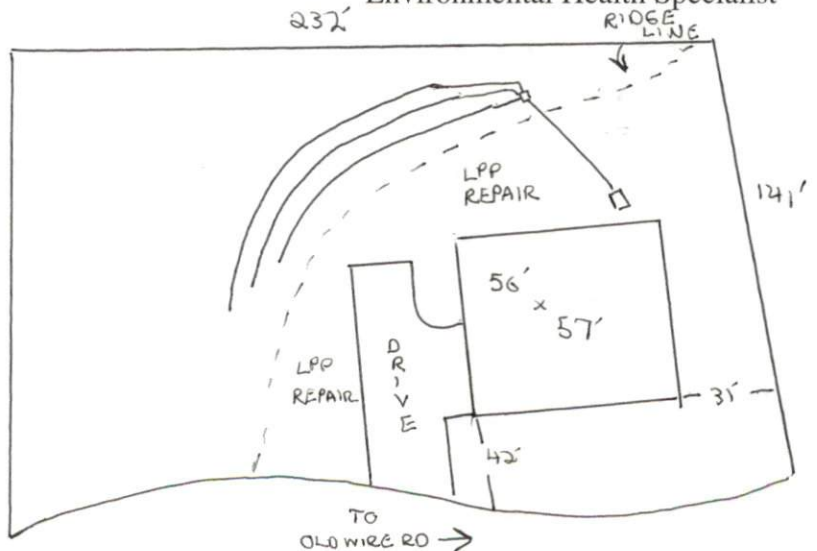
Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 12 in. max.

French Drain Required: _____ Linear feet

Date: 2/21/05

Signed: [Signature] RS (OLIVER TOLBS DORF)
 Environmental Health Specialist

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



- * MAINTAIN ALL SETBACKS
- * MINIMUM OF 6" OF COVER NEEDED OVER DRAINFIELD
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

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 # 21676. 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.*

RUSSELL PRICE 910-980-0985
Name Telephone #

3985 REBEL RD LINDEN NC 28356
Address

1769 OLD WIRE RD
Property Location SR# Road Name

PRICELAND EST. 45 3 .5 AC
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

- New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other 25% REDUCTION SYSTEM
[] 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 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 12 inches ^{max.}

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.

[Signature] RS 2/21/05
Signature of Authorized Agent for Harnett County Date