

HTE 02-5-399312

IMPROVEMENT PERMIT

22161

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) Michael Anderson Homes Inc

New Installation

Septic Tank

Property Location: SR# 1443 LAFAIGHERD

Repairs

Nitrification Line

Subdivision Vic Hells Ph 2

Lot # 219

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3

Lot Size: 33,122 sq ft

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: 1000 gallons

Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 175 ft.

width of ditches 3 ft. depth of ditches 36 in.

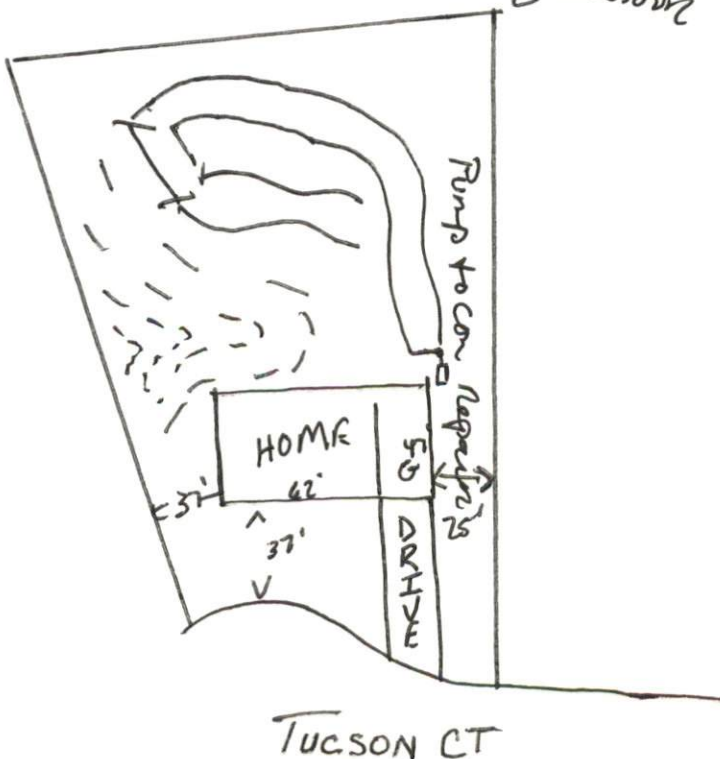
French Drain Required: - Linear feet

Date: 7-19-05

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

Signed: James E. Manhart
Environmental Health Specialist

* Contractor to MEET
ONSITE 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 # 22161. 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.*

Name Michael Anderson Telephone # 919-552-1790

Address 186 Woodland RIDGE DR F.V. N.C. 27526

Property Location SR# 1443 Road Name Lafayette

Subdivision Vee Hells Lot # 219 # Bedrooms Proposed 3 Lot Size 53

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other SAP

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 2 Length of lines 175 Ft.

Width of ditches 3 ft. Depth of ditches 36 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. Mankont
Signature of Authorized Agent for Harnett County

7-18-05
Date