

HARNETT COUNTY HEALTH DEPARTMENT

HTE 03-50002349R

IMPROVEMENT PERMIT

21446

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) ATKINS PLACE LLC New Installation Septic Tank
Property Location: SR#1448 ATKINS RD Repairs Nitrification Line

Subdivision ATKINS PLACE Lot # 8

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .64ac

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 PUMP TO INNOVATIVE

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 12 in.

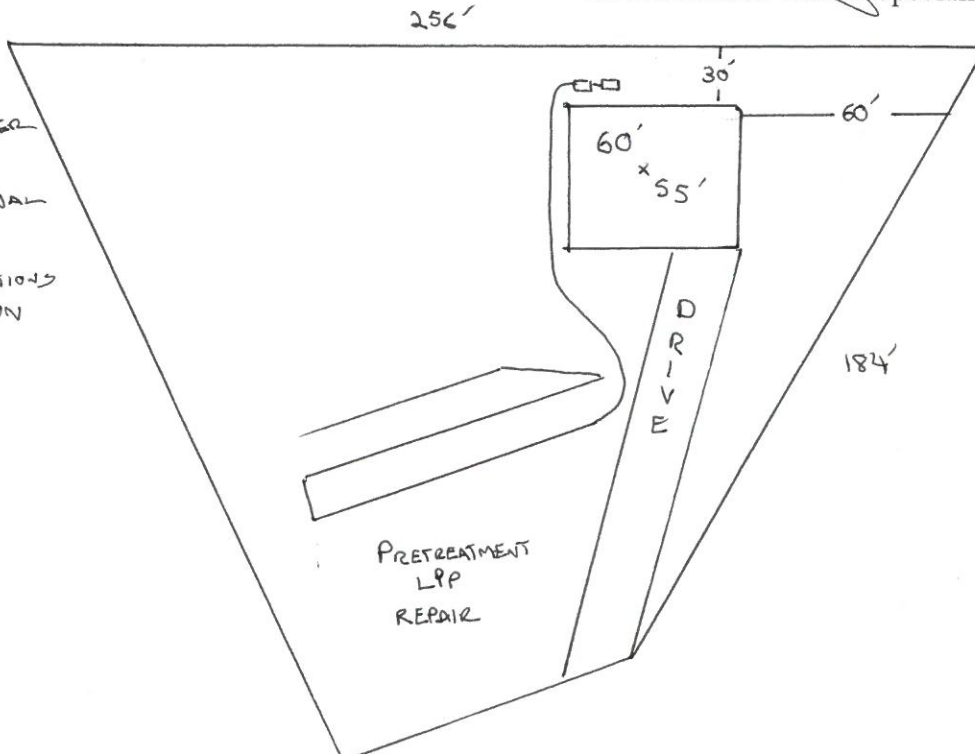
French Drain Required: _____ Linear feet

Date: 1/22/05

Signed: [Signature] (OLIVER TOLKSDORF)
Environmental Health Specialist

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

- * MAINTAIN ALL SETBACKS
- * 6" OF COVER NEEDED OVER DRAINFIELD
- * MEET ON SITE FOR FINAL LAYOUT
- * 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 # 21446. 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.*

ATKINS PLACE 919-639-7424
Name Telephone #

72 OVERLOOK CT. ANGIER NC 27501
Address

1448 ATKINS RD
Property Location SR# Road Name

ATKINS PLACE 8 3 .64AC
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other PUMP TO INNOVATIVE
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 12 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.

[Signature]
Signature of Authorized Agent for Harnett County

1/12/05
Date