

HARNETT COUNTY HEALTH DEPARTMENT

HTE 03-5-8353RRR IMPROVEMENT PERMIT

21244

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
Property Location: SR# 1448 ATKINS RD
New Installation [X]
Repairs []
Septic Tank [X]
Nitrification Line [X]

Subdivision ATKINS PLACE Lot # 10

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .42 AC

Basement with Plumbing: [] Garage: [X]

Water Supply: [] Well [X] 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 [X] Other PUMP TO 25% REDUCTION SYSTEM

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

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 07/04

Signed: [Signature] Environmental Health Specialist

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



DRAWING NTS

REVISED ON 1/26/05 BY OT

* MAINTAIN ALL SETBACKS

* 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 # 21244. 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 LLC 919-427-7524
Name Telephone #

72 OVERLOOK CT ANCIER NC 27501
Address

1448 ATKINS RD
Property Location SR# Road Name

ATKINS PLACE 10 3 .42AC
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other PUMP TO 25% REDUCTION SYSTEM

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 18 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

10/2/04 1/26/05
Date