

HTE 04-5-8791R

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) R.L. Properties Strong Bu. 14 Homes New Installation Septic Tank
Property Location: SR# 1415 Roubal Church Rd. Repairs Nitrification Line

Subdivision Wyndham Place Lot # 9

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .88 Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min. 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 3 or 4 exact length of each ditch 100 or 75 ft. width of ditches 3 ft. depth of ditches 18-24 in.

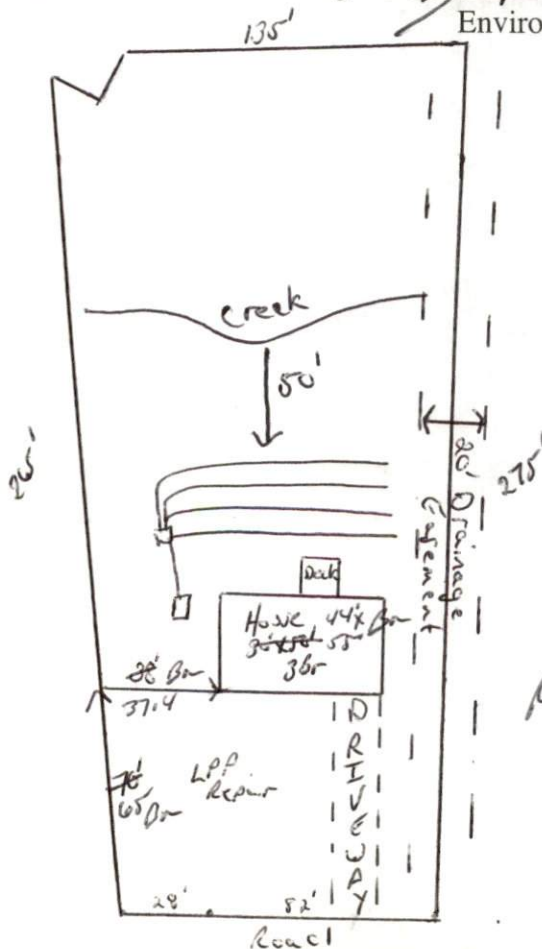
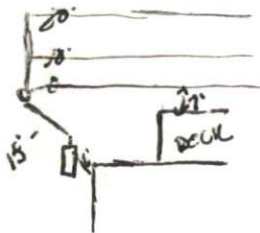
French Drain Required: _____ Linear feet

Date: 4/22/2004

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

Signed: Bryan McLean R.S.
Environmental Health Specialist

*Maintain all setbacks



revision 11/27/2005
Bm

**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 # 20505. 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 R. L. Property ^{Owner} Strong B. H. Home Telephone # 919 662-2624
~~639-4295~~

Address 221 Popehoke Rd Ang. or, N.C. 27501 ^{Box} 732 Treble Dr. Garner, NC. 27529

Property Location SR# 1415 Road Name Road Church

Subdivision Wyndham Place Lot # 9 # Bedrooms Proposed 3 Lot Size .88 Ac

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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 or 4 Length of lines 100 or 75 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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

4/22/2004
Date