

HTE 04-5-9508R

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) McFADDEN, GARY & KAREN

- New Installation (checked)
Septic Tank (checked)
Repairs (unchecked)
Nitrification Line (checked)

Property Location: SR# OLD US 421

Subdivision MAMIE BELL RIDGE Lot # 39

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .73

Basement with Plumbing: [] Garage: [X]

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

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

Subsurface Drainage Field: No. of ditches 1, exact length of each ditch 120 ft., width of ditches 3 ft., depth of ditches 18-22 in.

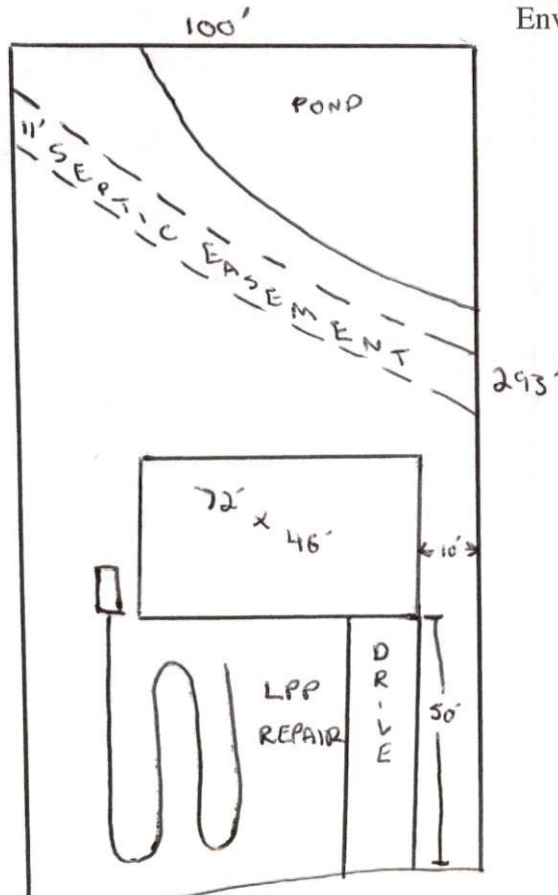
French Drain Required: _____ Linear feet

Date: 6/2/04

Signed: [Signature] Environmental Health Specialist

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

- * MAINTAIN ALL SETBACKS
* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



MARVIN FERREYSON DR.

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
A HORIZONTAL TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20828. 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.*

GARY & KAREN McFADDEN Name 910-893-9726 Telephone #

491 MANOR HILL RD LILLINGTON NC 27546 Address

0 L0 US 421 Property Location SR# _____ Road Name

MAMIE BELL ROOCE Subdivision 39 Lot # 3 # Bedrooms Proposed .73 AC 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 1 Length of lines 120 Ft.

Width of ditches 3 ft. Depth of ditches 18-22 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] RS
Signature of Authorized Agent for Harnett County

6/2/04
Date