

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) WILLIAM BECKER New Installation Septic Tank
Property Location: SR# US 421 Repairs Nitrification Line

Subdivision MYRTLEWOOD Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 1 AC

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 PUMP TO INNOVATIVE w/ MAN-A-TEE DISTRIBUTION

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 8/25/04

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

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

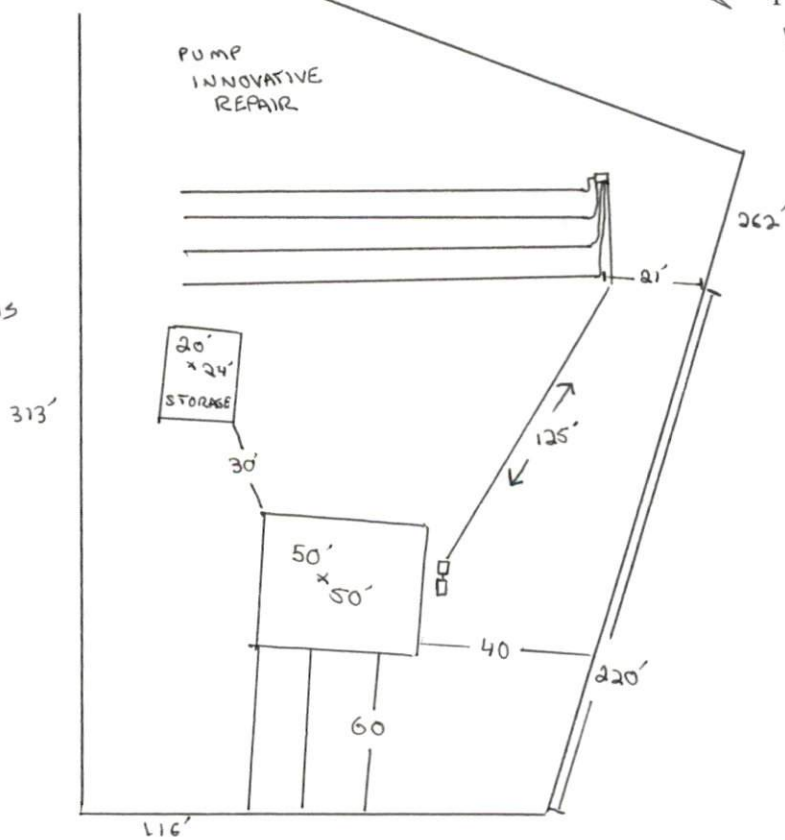
DRAWING NTS

* MAINTAIN ALL SETBACKS

* PUMP SPECS
30gpm @ 15' TDH

* MAN-A-TEE SPECS
4 1/2" SCH 40 VALVES
2' PRESSURE HEAD
2" PIPE

* 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 # 21209. 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.*

WILLIAM BECKER 263-2700
Name Telephone #

PO Box 55 St. Pauls NC 28354
Address

US 421 _____
Property Location SR# Road Name

MYRTLEWOOD 4 4 1 AC
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

- New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other PUMP TO INNOVATIVE W/ MAN-A-TEE DISTRIBUTION
[] 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 4 Length of lines 100 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

8/25/04
Date