

HARNETT COUNTY HEALTH DEPARTMENT

HTE 04-5-10190

IMPROVEMENT PERMIT

21356

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) Robert J Sullivan New Installation Septic Tank
Property Location: SR# 1421 Smith Prince RD Repairs Nitrification Line

Subdivision Robert J Sullivan Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 17.31

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 _____

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

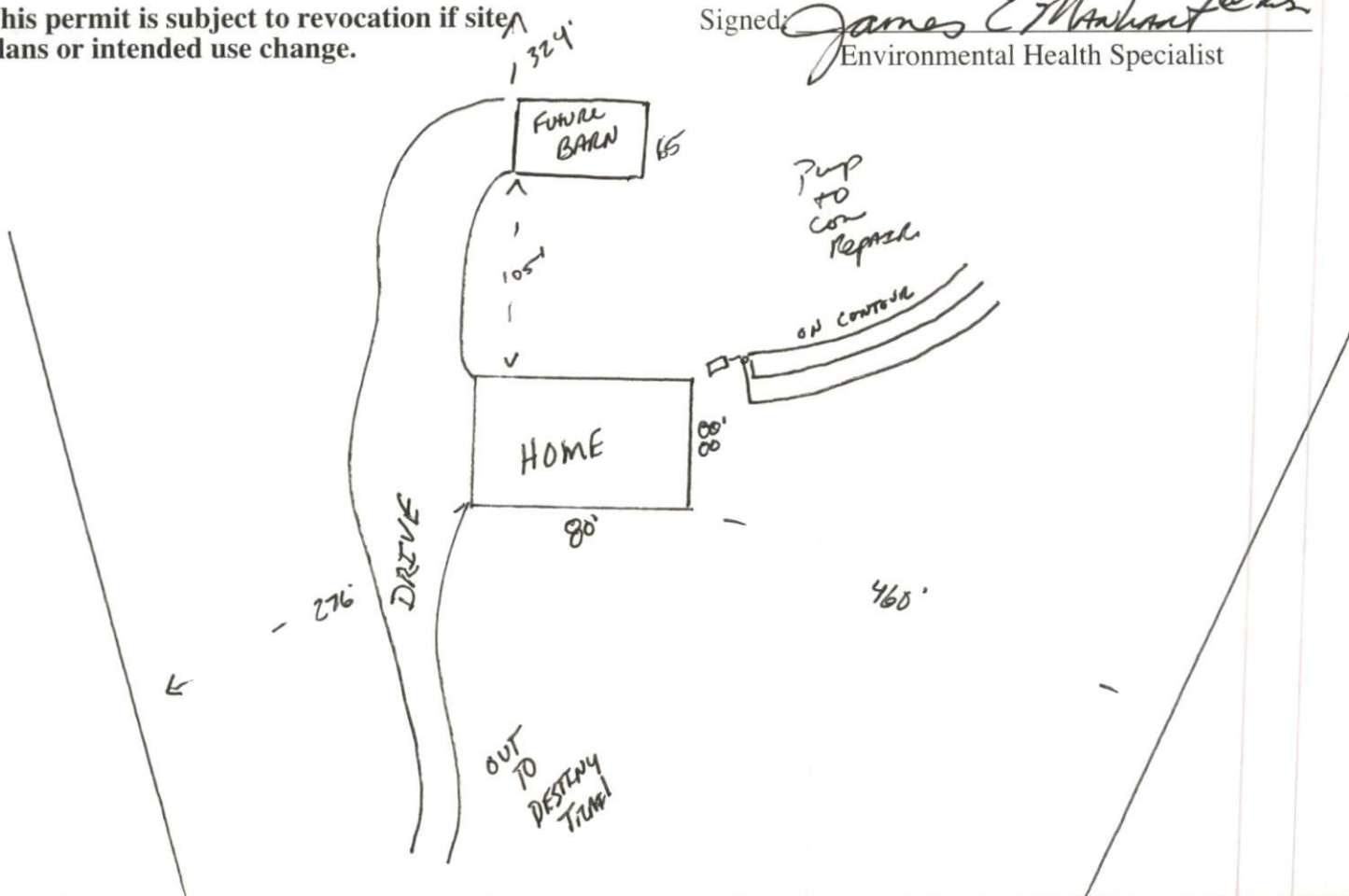
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 133 ft. width of ditches 3 ft. depth of ditches 20-18 in.

French Drain Required: - Linear feet

Date: 10-8-04

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

Signed: James E. Mahant
Environmental Health Specialist



#04-5-16190

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21356. 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 Robert J Sullivan Telephone # 919-387-0180

Address 9017 Holly Springs RD Apex N.C. 27539

Property Location SR# 1421 Road Name Smith Place

Subdivision RIS Lot # 3 # Bedrooms Proposed 3 Lot Size 17.31

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: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 133 Ft.

Width of ditches 3 ft. Depth of ditches 20-218 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.

James E. Markham
Signature of Authorized Agent for Harnett County

10-8-04
Date