

HTE 04-5-10191

IMPROVEMENT PERMIT

21357

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) DAN SULLIVAN

- New Installation
- Septic Tank
- Repairs
- Nitrification Line

Property Location: SR# 1421 Smith Pkwy

Subdivision Robert J Sullivan Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 10. Acres

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: 1200 gallons Pump Tank: _____ gallons

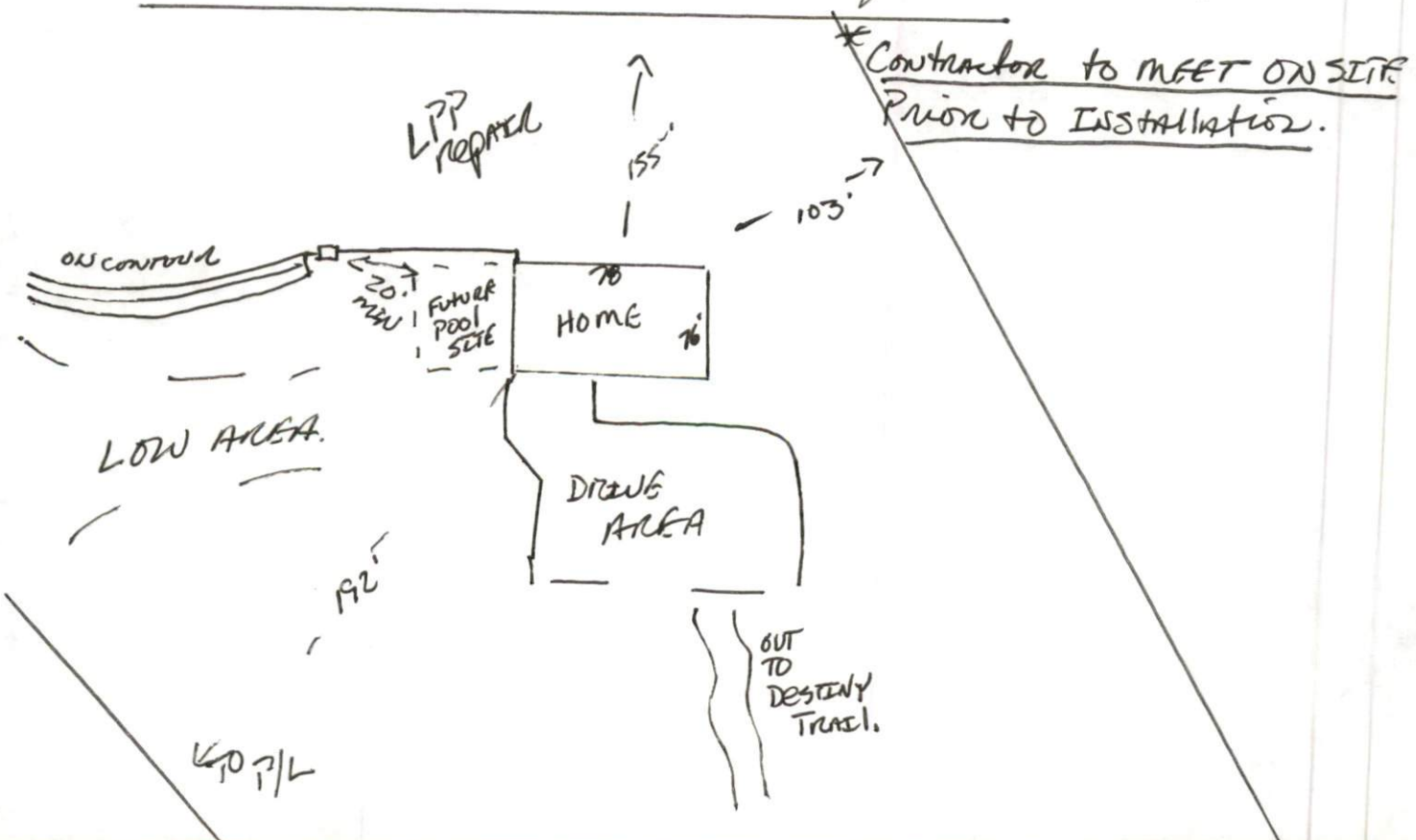
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 180 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 10-11-04

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

Signed: James E. Markland
Environmental Health Specialist



#04-5-10191

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 # 21357. 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 DAN SULLIVAN Telephone # 427-4293

Address 929 Magnolia Ridge Way F.V. N.C. 27526

Property Location SR# 1421 Road Name Smith Price

Subdivision RJS Lot # 2 # Bedrooms Proposed 4 Lot Size 10 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: 100 Ft.
Septic Tank 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 160 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 of Authorized Agent for Harnett County James E. [Signature] Date 10-11-04