

HTE 04-5-10320 R

IMPROVEMENT PERMIT

21330

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) Kelly & Joann Steele
Property Location: SR# 1271
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Turkey Trot Acres Lot # 5

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (54x61) Lot Size: 9.38 ac

Basement with Plumbing: Garage: Water Supply: Well, 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, Other Pump to Conventional

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

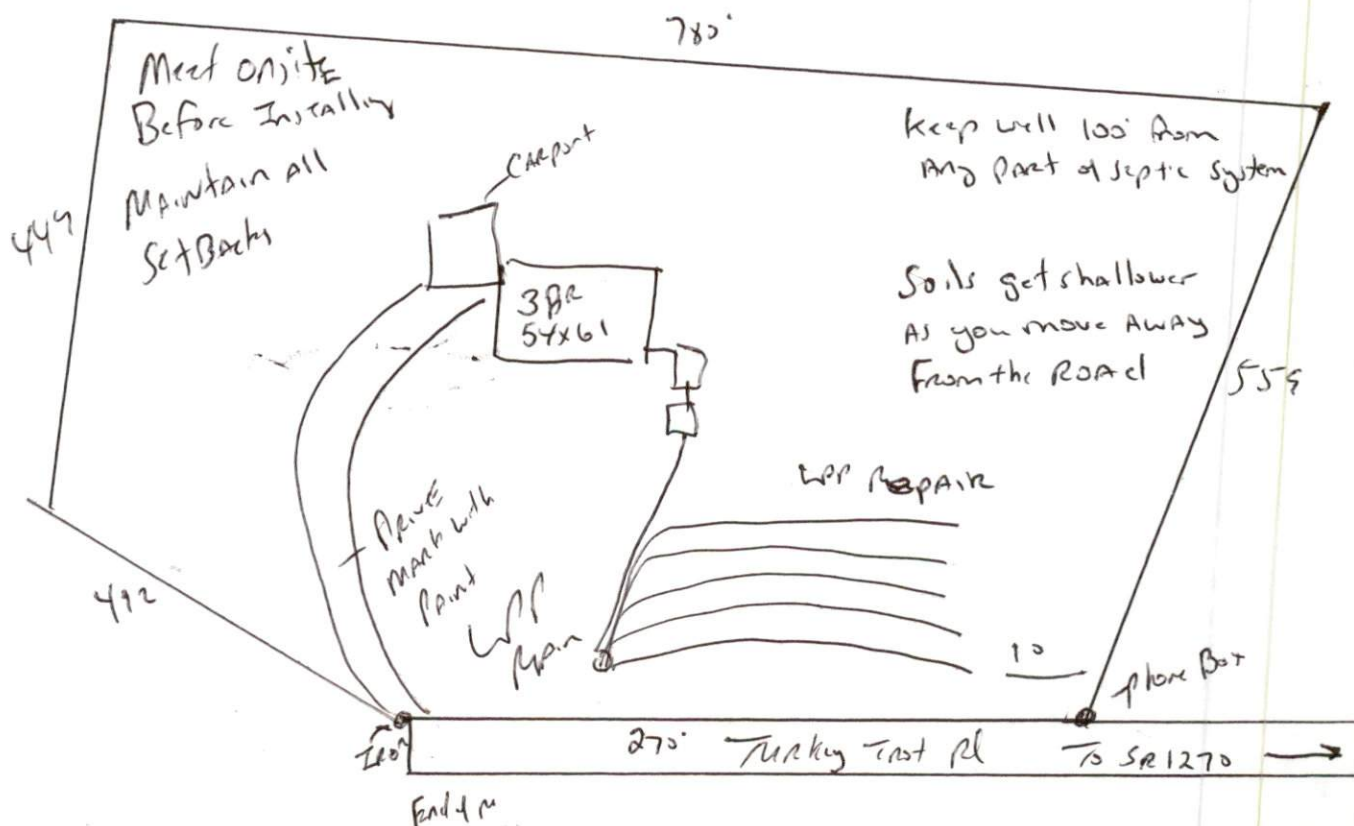
Subsurface Drainage Field No. of ditches 5 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: Linear feet

Date: 09-24-04

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

Signed: Environmental Health Specialist



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby give _____ construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21330. 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 Kelly Steele & Joann Stahl Telephone # _____

Address _____

Property Location SR# 1271 Road Name _____

Subdivision Turkey Test Area Lot # 5 # Bedrooms Proposed 3 (4x61) Lot Size 9.38 ac

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other Pump to Conventional
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 100 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 Joe West RS Date 9.24.04