

HTE 04-5-1060812

IMPROVEMENT PERMIT

21874

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) CAROL + MARY MILLER

- New Installation
- Septic Tank
- Repairs
- Nitrification Line

Property Location: SR# 1532 LANGDON

Subdivision BANCLAY'S PHASE III Lot # 22

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 5.87

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 No. of exact length width of depth of
 Drainage Field ditches 2 of each ditch 150 ft. ditches 3 ditches 24 in. ^{max}

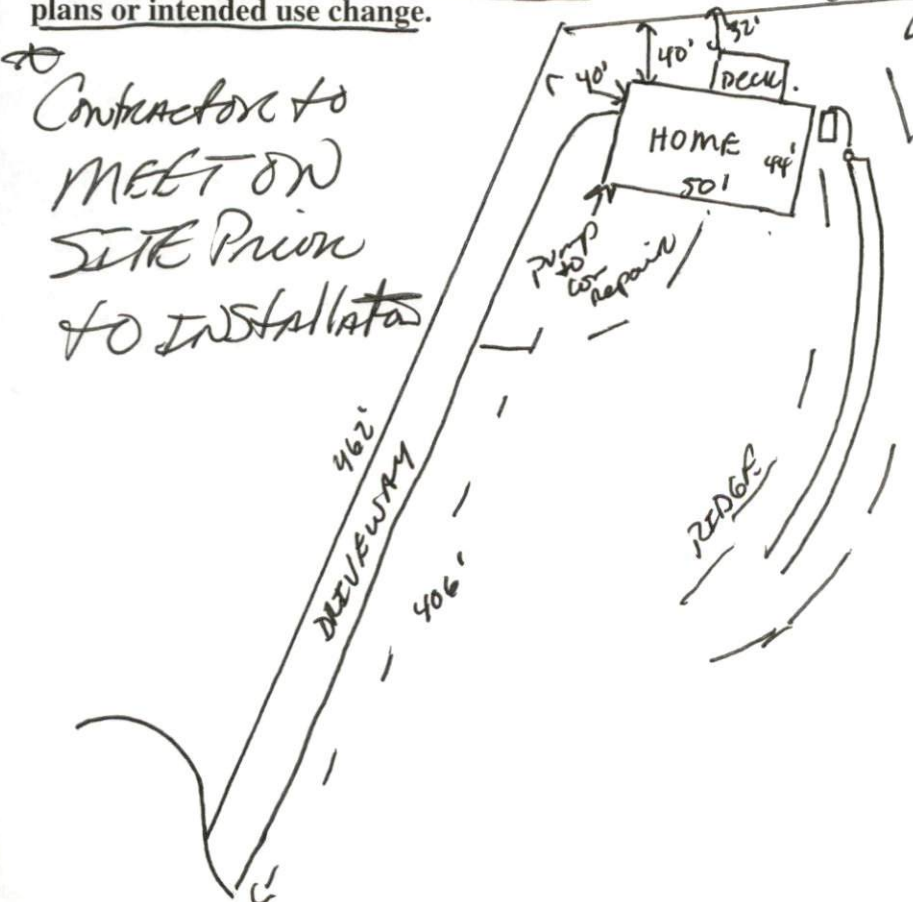
French Drain Required: - Linear feet

Date: 4-8-05

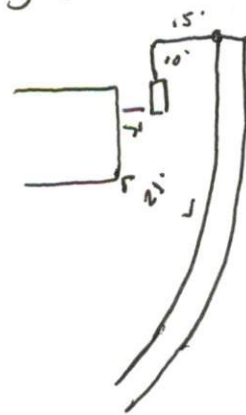
This permit is subject to revocation if site plans or intended use change.

Signed: James E. Montross
Environmental Health Specialist

Contractor to MEET ON SITE Prior to installation



5.874 Acres



04-5-10609A

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 # 21874. 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 CAROL & MARY MELLER Telephone # 662-7460

Address 102 Ferndale DR GARNER N.C. 27526

Property Location SR# 1532 Road Name Langdon

Subdivision Bancrofts PH 3 Lot # 22 # Bedrooms Proposed 3 Lot Size 5.87

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 2 Length of lines 150 Ft.

Width of ditches 3 ft. Depth of ditches 30-18 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.

James E. Markant
Signature of Authorized Agent for Harnett County

7-8-05
Date