

HTE# 04-500 10803R

IMPROVEMENT PERMIT 22640

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) Southeastern Prop. 9 Dev Co New Installation Septic Tank Repair
Property Location: SR# 1201 Nitrification Line Expansion
Subdivision Carolina Season Lot # V-14
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 4 (61x39) 480 gpd Lot Size: .60 ac

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 ft.
Lines to start at 18 to 24" deep but once lines get in backyard lines 18" max Ditch Depth

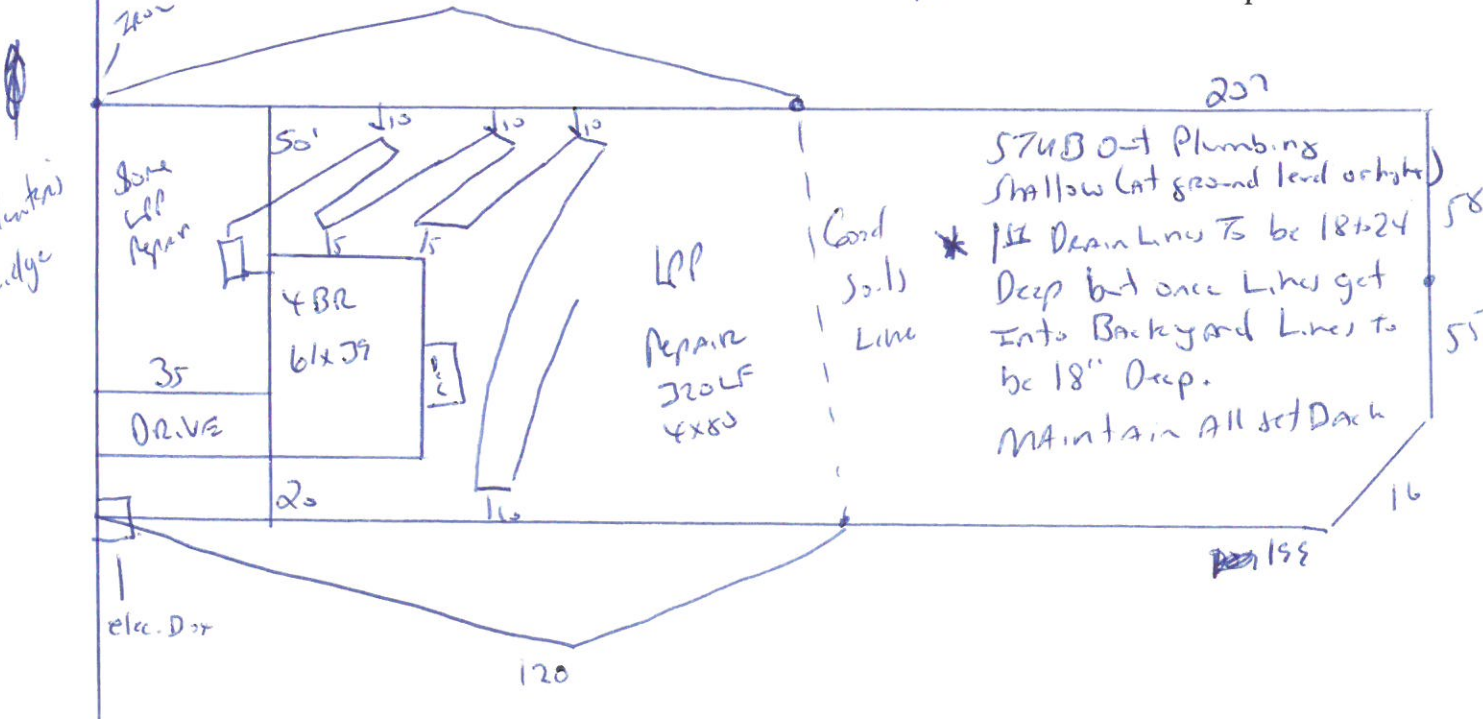
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other 25% Reduction SYSTEM
Size of tank: Septic Tank: 200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 ft. exact length of each ditch 210 ft. width of ditches 3 ft. depth of ditches 18 to 24 in.
French Drain Required: _____ Linear feet
25% Reduction System

Date: 04-19-06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

This permit is subject to revocation if site plans or intended use change.
Signed: Joe We
Environmental Health Specialist



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 # 22640. 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.*

Southern Prop & Dev. Co.

Name

Telephone #

Address

1201

Property Location SR#

Road Name

Carolina Sevens

V-14

4 (61x33)

.62AC

Subdivision

Lot #

Bedrooms Proposed

Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other 25% Reduction SYSTEM

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well ¹²⁰⁵ Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank ~~1000~~ gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 210 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 inches **OF 25% Reduction SYSTEM**

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.

Joe West RS

Signature of Authorized Agent for Harnett County

04-19-06

Date