HTE 05-5-11270



21628

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) FRANCIS REALTY INC

Property Location: SR# 1407 WADE STEPHENSOW

Repairs New Installation Septic Tank Nitrification Line Subdivision Freldstone FARMS ___ Lot # 3 Quadrant # Tax ID # 1.66 Number of Bedrooms Proposed: Lot Size: Garage: extended 3 yrs. Basement with Plumbing: Public ☐ Well Community Water Supply: Distance From Well: 56' ft. Following is the minimum specifications for sewage disposal system on above captioned property to final approval. Conventional Other Type of system: Pump Tank: gallons Size of tank: Septic Tank: 1000 gallons width of depth of Subsurface No. of exact length ditches 18 of each ditch 400 ft. ditches 5 ft. Drainage Field ditches French Drain Required: _____ Linear feet Date: 2-24-05 Signed Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. * Jeptic Contractor to MEET ON SITE Prior to INStallation. 621.74 LAYOUT WELL CHANGE. HOME 50' Public 14W FIELDSTONE DRIVE 92 548

HARNETT OUNTY DEPARTMENT OF PULIC 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 # 21628 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. FRANCIS Realty INC P.O. Boy 305 F.V. N.C. 27521 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 ______ gal Pump Chamber ______ gal **NITRIFICATION FIELD SPECIFICATIONS** Number of fields _____ # of lines per field ____/ Length of lines ____ 400 ____ Ft. Width of ditches ____ ft. Depth of ditches ____ ft. Depth of ditches 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. anhant was 2-24-05 Signature of Authorized Agent for Harnett County