HARNETT COUNTY HEALTH DEPARTMENT

HTE 05-5- 11468

IMPROVEMENT PERMIT 21883

| Be it ordained by the Harnett County Board of Health as foll tion of any building at which a septic tank system is to be used for dis from the Harnett County Health Department." | posal of sewage without first obta | aining a written permit |
|---|--|--------------------------------|
| Name: (owner) STANCEI Builders INC | New Installation | Septic Tank |
| Property Location: SR# 1415 Rawls CHURCHIED | | |
| Subdivision Alex Place | Lot # | /3 |
| Tax ID # | Quadrant # | |
| Tax ID # | ot Size: , 58 | |
| Basement with Plumbing: Garage: | 7 | |
| Water Supply: | | |
| Distance From Well: 50 ft. | | |
| Following is the minimum specifications for sewage disposito final approval. | al system on above caption | |
| Type of system: | the 25% Reductions | SAP |
| Size of tank: Septic Tank: 1000 gallons P | | / |
| Subsurface No. of exact length of each ditch 60 ft. | width of ditches 3 ft. | depth of ditches 24 in. |
| French Drain Required:Linear feet | | |
| | igned: 4-14-05 Environmental He | Manhant cols |
| Marvettel Specs | Contr | Actor |
| MANETET Specs | 7 | ON SOFF |
| 4-314 SCHYD TAPS | | |
| 7 Pressure HeAis | | Prion to |
| 7' Dupply LINE DONG | ATURAL GUILEY | INSTRAILATION, |
| Pup specs | LPP Report | |
| 12 8170 | Tit exis | |
| 158 DOSE SE TOHOME | 16 | |
| | To the control of the | |
| JARRETT BA | LANG | |

HARNETT COUNTY DEPARTMENT OF PUPI IC HEALTH AU ... IORIZATION TO CONSTRUCT

| Harnett County Department of Public Health, Improvement Permit # 21883. 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. | | |
|--|--|--|
| STANCII Builders Frc 635-2073 Name Elephone # 466 STANCII ROND Angien N.C. 27501 Address | | |
| Address N.C. 27501 | | |
| Property Location SR# Property Location SR# Property Location SR# | | |
| Alex Place 13 3 58 Subdivision Lot # Bedrooms Proposed Lot Size | | |
| TYPE OF SYSTEM | | |
| [New Installation [] Repair [Septic Tank [] Nitrification Lines | | |
| [] Conventional [JOther Pupto Sap Manitte 25% Reduction | | |
| [] Basement [] With Plumbing [] Without Plumbing | | |
| Water Supply: [] Well [] Public Water Supply Minimum Well Setback: Ft. | | |
| Septic Tank 1000 gal Pump Chamber 1000 gal | | |
| NITRIFICATION FIELD SPECIFICATIONS | | |
| Number of fields Z # of lines per field 4 Length of lines 60 Ft. | | |
| Width of ditches ft. Depth of ditches 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 Date | | |