

HTE 05-5-11745/12

IMPROVEMENT PERMIT

22006

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) Michael Strives
Property Location: SR# 1415 Lawls CH RD
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Wynham Place Lot # 28

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: 25,047 sq. FT

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 25% Reduction System

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

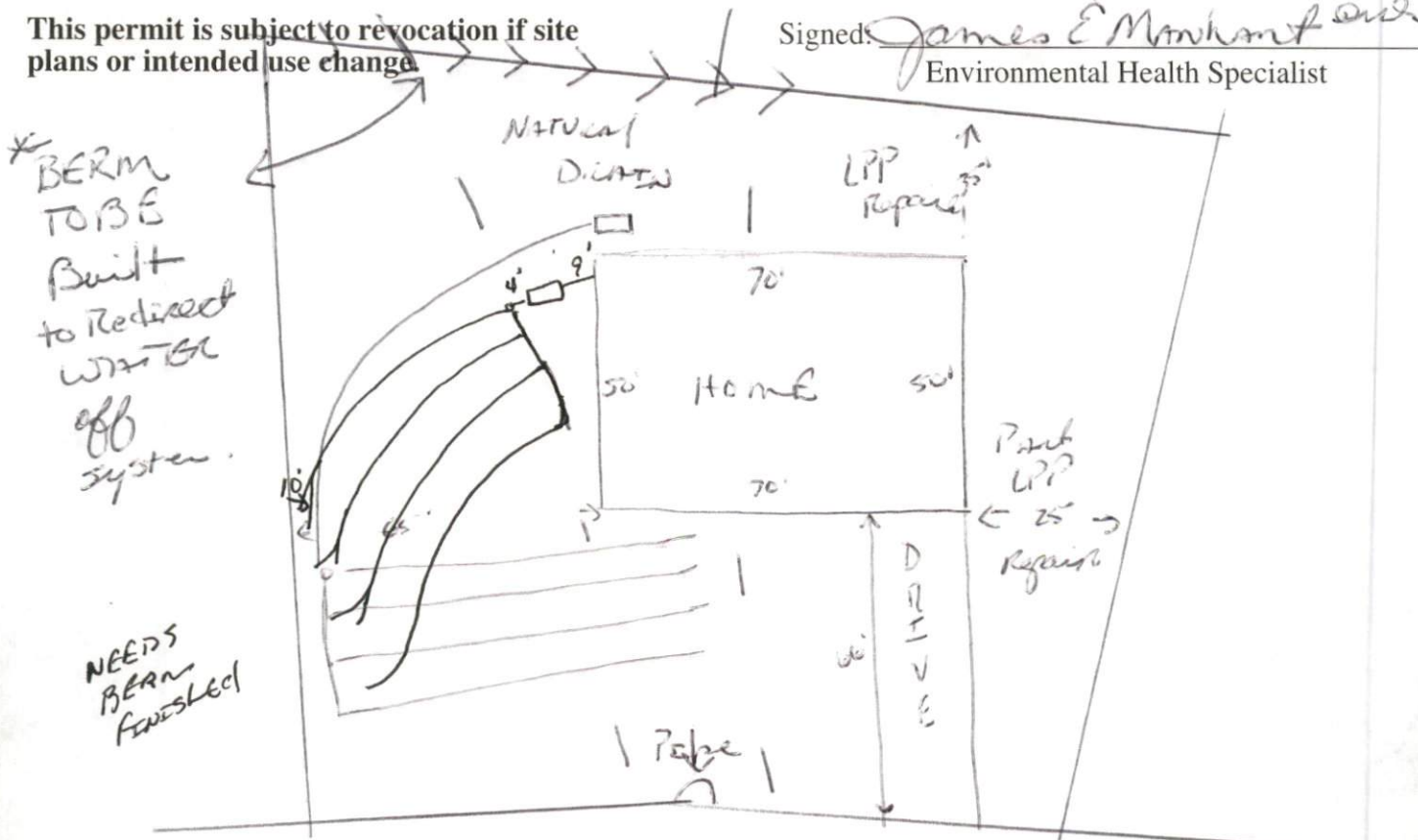
Subsurface Drainage Field No. of ditches, exact length of each ditch, width of ditches, depth of ditches

French Drain Required: Linear feet

Date: 5-9-05

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

Signed: James E. Monkman Environmental Health Specialist



05-5-11745202

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 # 22006. 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.*

Michael Shieves Name 919-868-7003 Telephone #

844 Circle Dr Angier N.C. 27501 Address

1415 Property Location SR# Roads Church Rd Road Name

Wyndan Place Subdivision 28 Lot # 3 # Bedrooms Proposed 25,047 sq ft 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 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 4 Length of lines 60 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. [Signature]
Signature of Authorized Agent for Harnett County

5-5-05
Date