

HARNETT COUNTY HEALTH DEPARTMENT

HTE 05-5001851R

IMPROVEMENT PERMIT

21686

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) BOBBY DENAR RAYMOND QUINN
Property Location: SR# 1418 RIVER RD (TYLER DENAR LN)
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 765ac 10ac

Basement with Plumbing: [] Garage: [X]

Water Supply: [] Well [X] Public [] Community

Distance From Well: 100 ft.

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

Type of system: [X] Conventional [] Other _____

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 115 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

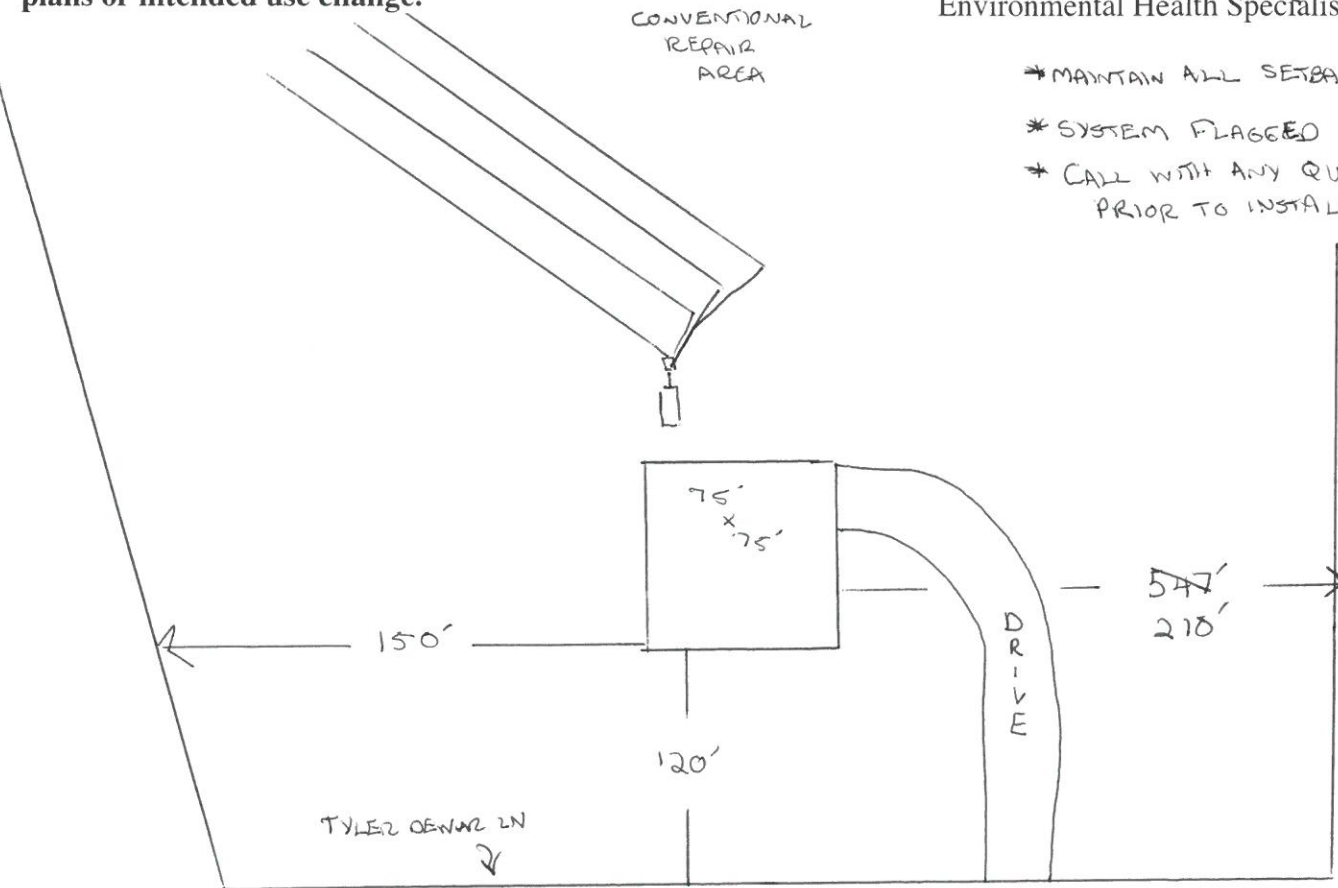
Date: 4/22/05

Signed: [Signature] Environmental Health Specialist 5/16/06

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

CONVENTIONAL REPAIR AREA

- * MAINTAIN ALL SETBACKS
* SYSTEM FLAGGED
* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



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 # 21686. 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.*

RAYMOND QUINN 919 552 7844
Name Telephone #

5248 LAKE EDGE DR HOLLY SPRINGS NC 27540
Address

1418 RIVER RD
Property Location SR# Road Name

JUDD CADE - 4 (480 sqd) 10 AC
Subdivision Lot # # Bedrooms Proposed Lot Size

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: 100 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

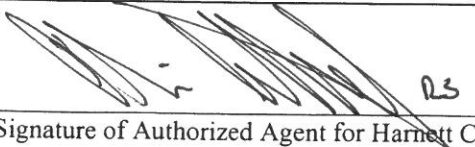
NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 115 Ft.

Width of ditches 3 ft. Depth of ditches 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.

 RS
Signature of Authorized Agent for Harnett County

5/16/06
Date