

HARNE COUNTY HEALTH DEPARTMENT

HTE# 0550012122R

IMPROVEMENT PERMIT 22401

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) LARRY ALLEN New Installation [X] Septic Tank [X] Repair []

Property Location: SR# 1201 (Knollwood) Nitrification Line [X] Expansion []

Subdivision Carolina Seasons Lot # F-2

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (40x90) 360 sq ft Lot Size: 1.08 ac

Basement with Plumbing: [] Garage: [X]

Water Supply: [] Well [X] 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: [X] Conventional [] Other _____

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

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 70 width of ditches 3 depth of ditches 18 1/2 in.

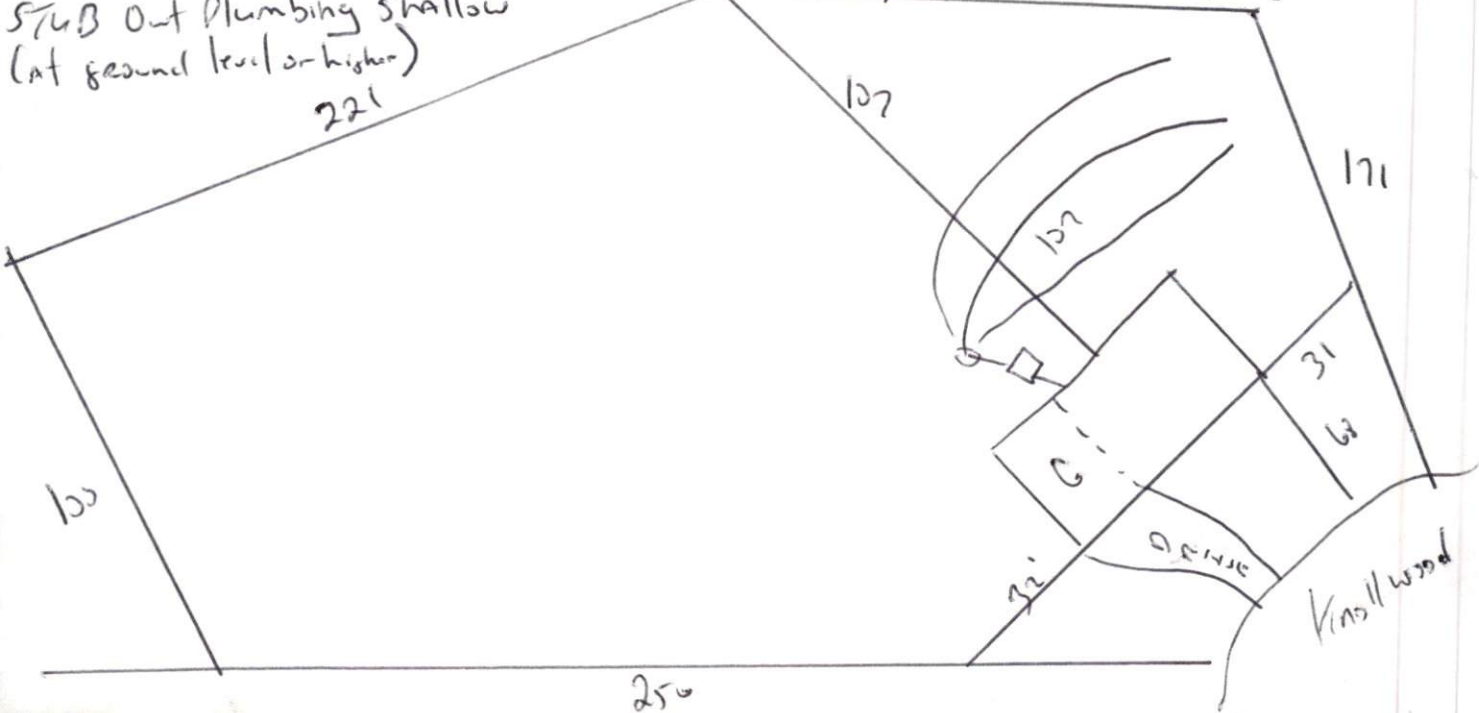
French Drain Required: _____ Linear feet

Date: 11-16-05 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Maintain All Set Backs Follow contours STUB out Plumbing shallow (at ground level or higher) 221

Signed: J. WANI 70 Environmental Health Specialist



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22401. 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.*

Name Harry Allen Telephone # _____

Address _____

1201

Property Location SR# _____ Road Name _____
Subdivision CAROLINA LAKES Lot # F-2 # Bedrooms Proposed 3 (7x90) 360 sq ft Lot Size 1.08 ac

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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 70 Ft.

Width of ditches 3 ft. Depth of ditches 18.24 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 Joe West RS Date 11-16-05