

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05-50012619

Have #2

IMPROVEMENT PERMIT 22704

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) Leslie Melton New Installation [X] Septic Tank [X] Repair []
Property Location: SR# 1224/222 Broadway Rd Nitrification Line [X] Expansion []
Subdivision _____ Lot # _____
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 4 (28 x 50) (4 x 50 ft) Lot Size: 17.5 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: 1200 gallons Pump Tank: _____ gallons

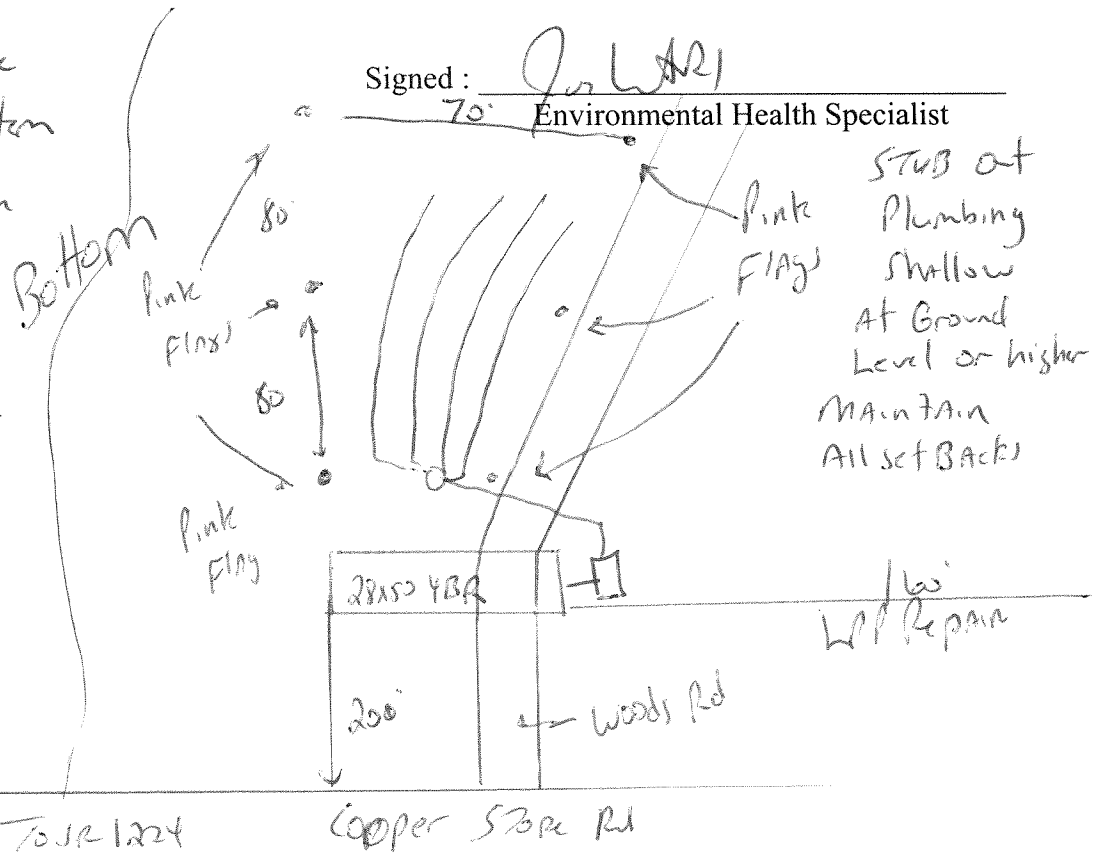
Subsurface Drainage Field No. of ditches 4 ft. exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18.24 in.

French Drain Required: _____ Linear feet

Date: 7-21-05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Meet onsite Before Installing septic system
Keep SYSTEM within MY Pink Flags
Do not Remove MY Pink Flags when Clearing
Keep SYSTEM out of Road Bed



1/2" W/P Repair

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 # 22704. 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.* Hook # 2

Lestic Mc. Ihan

Name _____ Telephone # _____

Address _____

1224

Property Location SR# _____ Road Name _____

Subdivision _____ Lot # _____ # Bedrooms Proposed 4 (28 x 50) Lot Size 17.5 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 ~~1200~~ 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 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.

Jon West RJ

Signature of Authorized Agent for Harnett County

7-21-05
Date