

IMPROVEMENT PERMIT 22740

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) Bernie & Ngoc ARAGON New Installation Septic Tank Repair

Property Location: SR# 1265 (TURNERS LANE) Nitrification Line Expansion

Subdivision _____ Lot # _____
Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (44x62) 360 sqd Lot Size: 22.18 ac

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 Pumps existing drainfield

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

Subsurface Drainage Field No. of ditches _____ ft. exact length _____ ft. width of _____ ft. depth of _____ in.

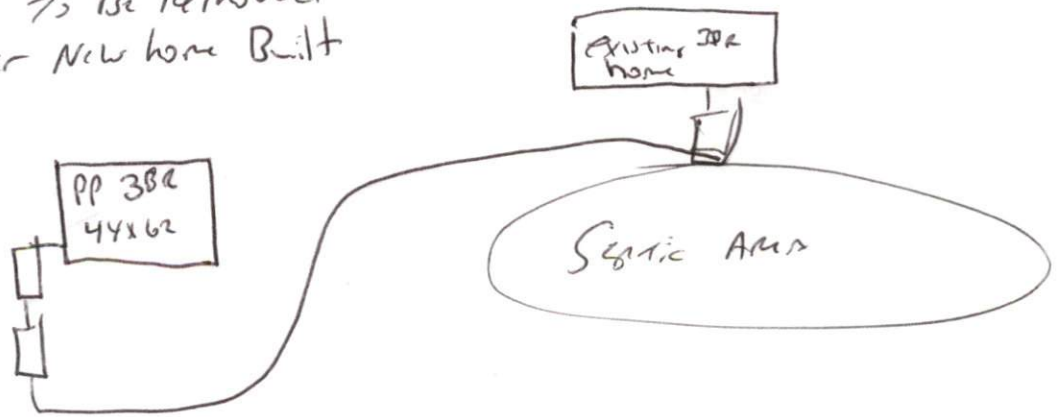
French Drain Required: _____ Linear feet

Date: 09-07-05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: Joe WARR
Environmental Health Specialist

*Pump to existing drainfield
existing home to be removed
or destroyed after new home built*



*1000 gallon Tank
1000 gallon Pump tank*

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 # 22740. 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 Bennie & Ngoc Aragon Telephone # _____

Address _____

Property Location SR# 1265

Road Name _____

Subdivision _____ Lot # _____ # Bedrooms Proposed 3BR 4 1/2 Lot Size 22.18 AC

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
- Conventional Other Pump To existing drain field
- Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields _____ # of lines per field _____ Length of lines _____ 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 Joe West RS

Date 09-07-05