

HTE# 05-50012687

IMPROVEMENT PERMIT 22715

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) Lynn Builders New Installation Septic Tank Repair

Property Location: SR# 1201 (Quail Hollow) Nitrification Line Expansion

Subdivision CAROLINA SEASONS Lot # C-4

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (55x70) 360 spd Lot Size: .45 ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ ft.

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

Type of system: Conventional Other Pump to 25% Reduction SYSTEM

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

Subsurface Drainage Field No. of ditches 5 ft. exact length of each ditch 40 ft. width of ditches 3 ft. depth of ditches 18-24 in. ^{max}

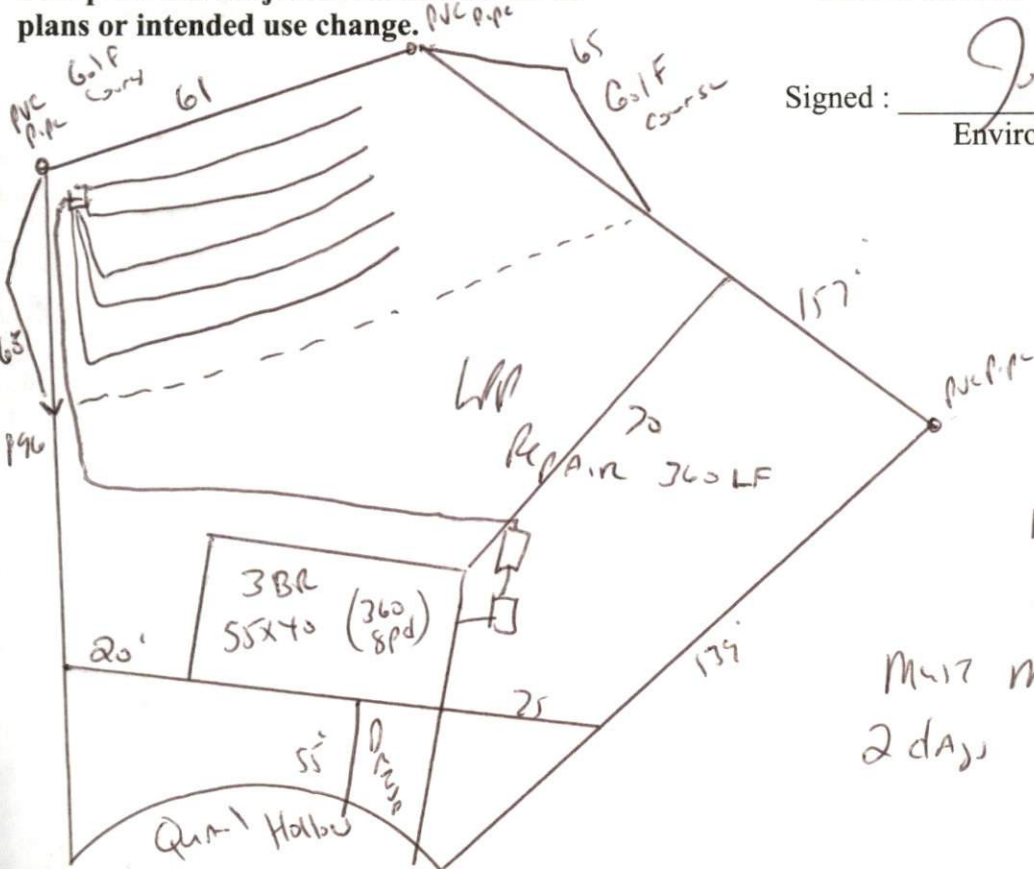
French Drain Required: _____ Linear feet of 25% Reduction System

Date: 8-3-05

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature]
Environmental Health Specialist



Meet on site
For Final layout
MAY TRY TO INSTALL
AS 1x200 or 2x100

MAINTAIN ALL
SETBACK

MUST meet on site AT least
2 days Before installing

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 # 22711. 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 Lyon Builders Telephone # _____

Address _____

1221

Property Location SR# _____ Road Name _____

Subdivision Caroline Season Lot # C-4 # Bedrooms Proposed 3 (55x42) 36 sq ft Lot Size .45

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: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 40 Ft.

Width of ditches 3 ft. Depth of ditches 18 inches OF 25% Reduction SYSTEM

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 8-2-05