

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05-5-13041

IMPROVEMENT PERMIT 22759

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 permit from the Harnett County Health Department."

Name: (owner) STEPHENSON Builders INC New Installation Septic Tank Repair

Property Location: SR# 1439 WEDDRAWING Nitrification Line Expansion

Subdivision Adams Pointe Lot # 20

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 360 GPD Lot Size: .576 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 25% Reduction System

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

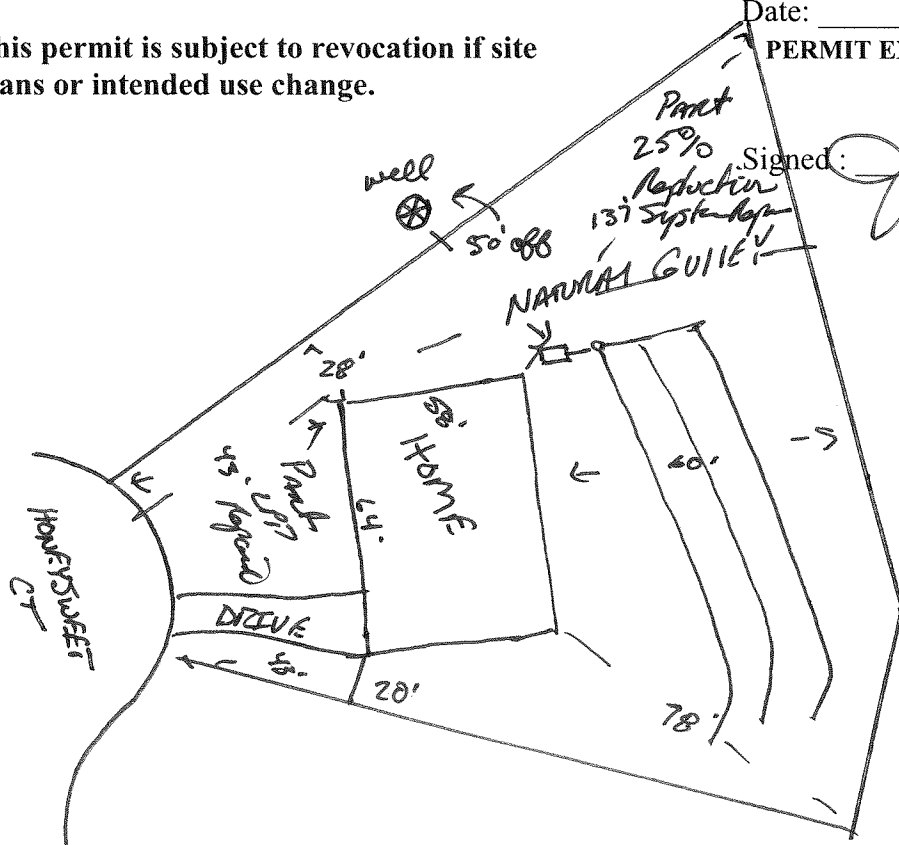
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 22-18

French Drain Required: - Linear feet

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

Date: 9-26-05
PERMIT EXPIRES 5 YEARS FROM ABOVE D

Signed: James E. Mantel
Environmental Health Specialist



05-5-13041

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 # 22759. 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 STEPHANSON BUILDERS INC Telephone # 919 427-8694

Address 1187N Raleigh St Cary NC 27501

Property Location SR# 1439 Road Name WEB DENNING
BRIDGE RD

Subdivision Adams Pointe Lot # 20 # Bedrooms Proposed 3 360 GPD Lot Size .576

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other 25% red system
 Basement With Plumbing Without Plumbing

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

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 22-28 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.

James E. Marhan
Signature of Authorized Agent for Harnett County

9-26-05
Date