

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05-5-13085

IMPROVEMENT PERMIT 22760

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) Craig Matthew New Installation Septic Tank Repair

Property Location: SR# Howell RD 2008 Nitrification Line Expansion

Subdivision White Pines Lot # 13

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed : 3 3606PD Lot Size: .77

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 _____

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

Subsurface No. of exact length width of depth of
Drainage Field ditches 2 ft. of each ditch 150 ft. ditches 3 ft. ditches 24" max in.

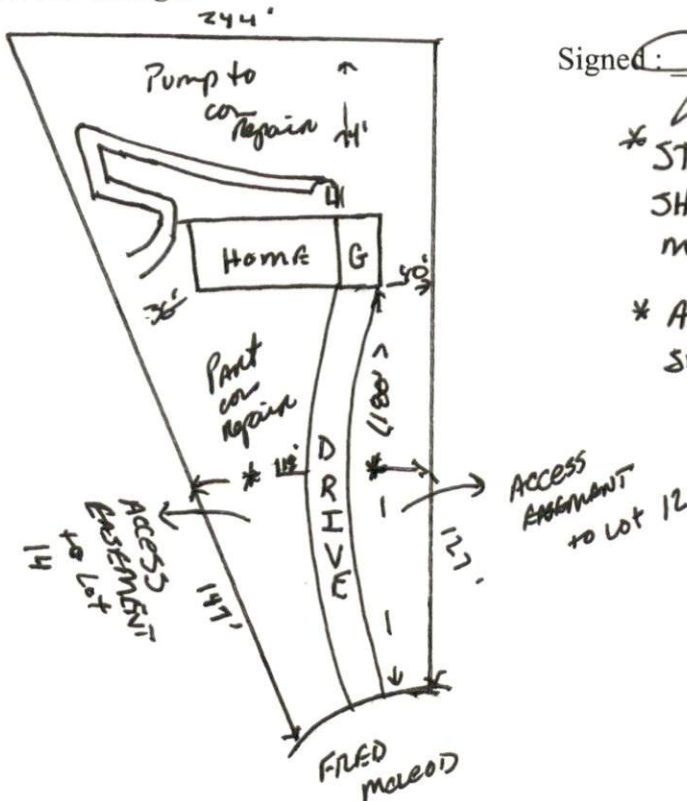
French Drain Required: - Linear feet

Date: 9-28-05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: James E. Markhart
Environmental Health Specialist

- * STUB PLUMBING OUT SHALLOW where GARAGE MEETS HOME
- * ALLOWS FOR TANK TO BE SET DEEPER TO ACHIEVING 24" MAX DITCH DEPTHS.



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

05-5-13085

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22760. 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 Craig Matthews Telephone # 910-890-4330

Address 496 Harwell RD Coats N.C. 27521

Property Location SR# 2008 Road Name Harwell

Subdivision White Pines Lot # 13 # Bedrooms Proposed 3 360 PD Lot Size .97

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: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 2 Length of lines 150 Ft.

Width of ditches 3 ft. Depth of ditches 24" max 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. Manhart
Signature of Authorized Agent for Harnett County

9-28-05
Date