

HTE# 05-50013239R

IMPROVEMENT PERMIT 22339

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) Steve Jeanigan (Self Homes) New Installation Septic Tank Repair

Property Location: SR# 1115 Nitrification Line Expansion
Subdivision Crestview Lot # 235

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (56x40) 360 sq ft Lot Size: 0.37 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 Pump to 25% Reduction SYSTEM

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

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 ft. of each ditch 240 ft. ditches 3 ft. ditches 18 in.

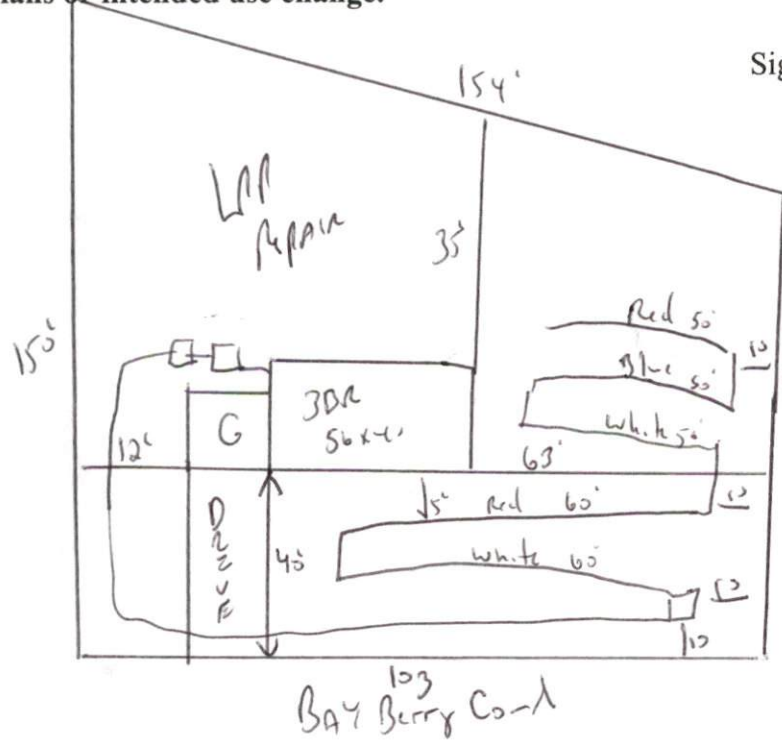
French Drain Required: _____ Linear feet 25% Reduction SYSTEM

Date: 11-8-05

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature]
Environmental Health Specialist



Meet onsite for Final Layout
Maintain All set Backs.

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
A THORIZATION TO CON RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22339. 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.*

Steve Teranigan (Site Homes)
Name

Telephone #

Address

1115

Property Location SR#

Road Name

Crestview

235

3(56x40)

.77Ac

Subdivision

Lot #

Bedrooms Proposed

Lot Size

TYPE OF SYSTEM

New Installation [] Repair

Septic Tank

Nitrification Lines

[] Conventional

Other

25% Reduction SYSTEM - Pump to

[] 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 1 Length of lines 240 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.

Joe West RS
Signature of Authorized Agent for Harnett County

11-8-05
Date