

HTE# 05-5-135816

IMPROVEMENT PERMIT 22383

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) MICHAEL McDONALD New Installation Septic Tank Repair
 Property Location: SR# 401N Nitrification Line Expansion
 Subdivision CLASSEC COVE Lot # 3
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3000 360 GPD Lot Size: .58

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 58' 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

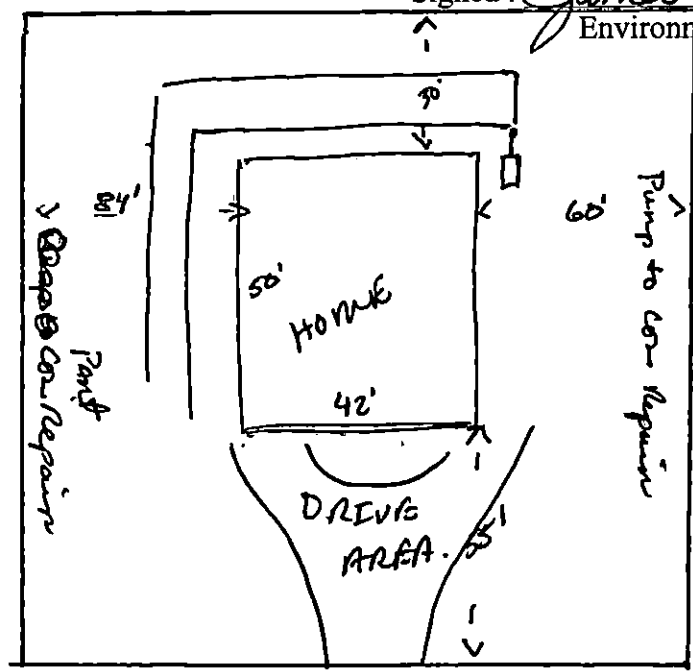
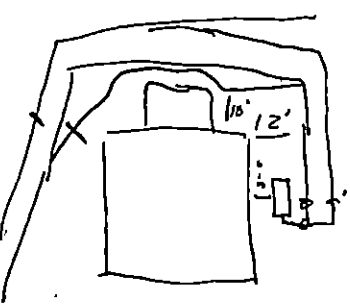
Subsurface No. of exact length width of depth of
 Drainage Field ditches 2 ft. of each ditch 150 ft. ditches 3 ft. ditches 24 in.

French Drain Required: - Linear feet

Date: 2-24-06
 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: James E. Markantzen
 Environmental Health Specialist



~~VOID~~
 * Contractor to
 MBET ON
 SITE prior
 to installation
 to CHECK #
 OF BEDROOMS
 IF MORE THAN
 3 PERMITS
 VOID.

CLASSIC COVE CT

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 # 22383. 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.*

Michael McDONALD 919-868-2873
Name Telephone #

155 CLASSIC COVE CT F.V. N.C. 27526
Address

401 407
Property Location SR# Road Name

CLASSIC COVE 3 3 3606PD 158
Subdivision Lot # # Bedrooms Proposed Lot Size

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 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

2-24-06
Date