

HTE# 05-5-13758

IMPROVEMENT PERMIT 22354

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 Anderson Homes Inc New Installation Septic Tank Repair
 Property Location: SR# 1443 Lafayette RD Nitrification Line Expansion
 Subdivision V.H. Lot # 123
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3 3606PD Lot Size: 28,006 sq ft

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 25% reduction system

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

Subsurface No. of 2 exact length 150 width of _____ depth of MAX
 Drainage Field ditches 3 ft. of each ditch 100 ft. ditches 3 ft. ditches 22-18 in.
4 75

French Drain Required: - Linear feet

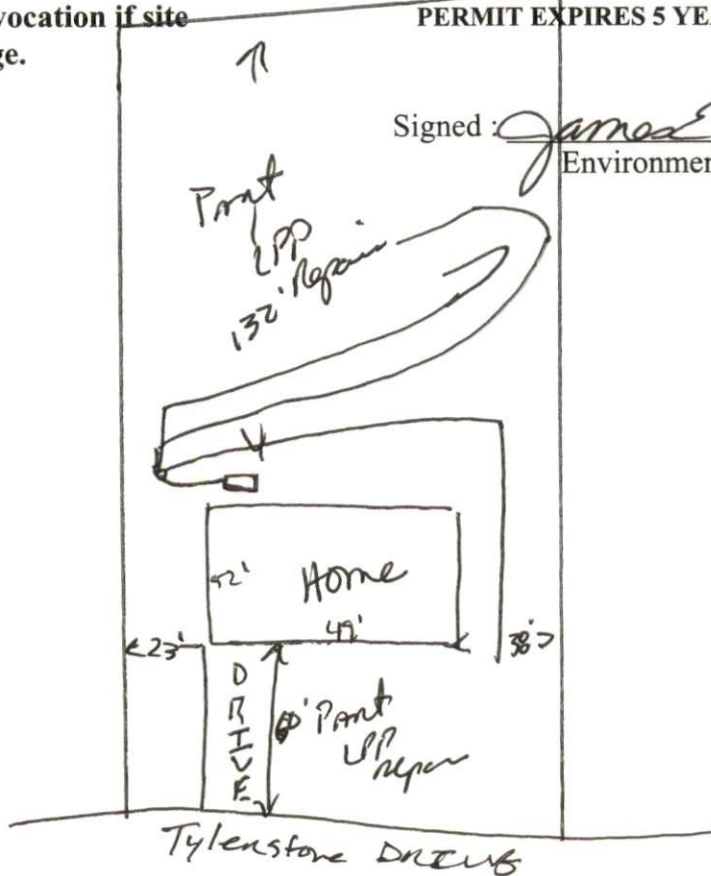
Date: 1-9-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

* System layout may change!
 # STEPDOWNS MAY BE NEEDED.

Signed: James E. Martens
 Environmental Health Specialist



HARNE 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 # 22354. 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 Michael Anderson Homes Inc Telephone # 919-552-~~4158~~ 8294

Address 180 WOODLAND RIDGE DRIVE F.V. N.C. 27526

Property Location SR# 1443 Road Name Lafayette

Subdivision V.H. Lot # 123 # Bedrooms Proposed 3 3606PI Lot Size 28,000 sq ft

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% Reduction Syst

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 150 ¹⁰⁰ Ft.

Width of ditches 3 ft. Depth of ditches 22-18 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.

Signature of Authorized Agent for Harnett County James C. Markant Date 1-5-06