

HTE# 05-5-13772

IMPROVEMENT PERMIT 22364

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) Kent Jeff Kenton New Installation Septic Tank Repair

Property Location: SR# 1415 Rands CH RD Nitrification Line Expansion

Subdivision Kenton Lot # 2

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 2.44

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 _____

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 200 ft. ditches 3 ft. ditches 30-24 in.

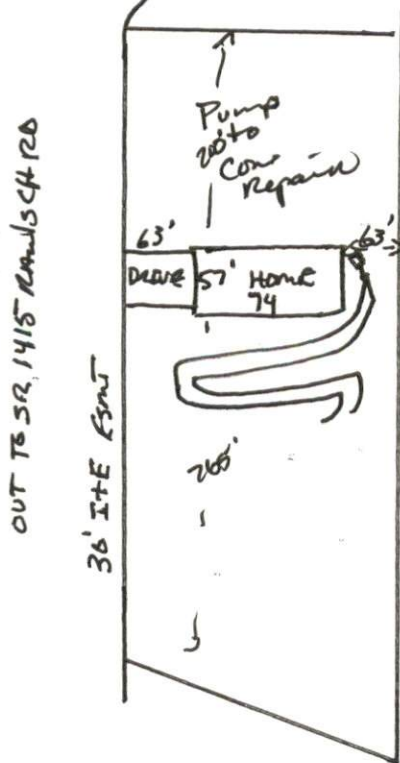
French Drain Required: - Linear feet

Date: 1-20-06

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed James E. Manhart
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 # 22364. 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 Kent Jeff Kinton Telephone # 919-552-5674

Address 1141 DURBIN WAY F.V. N.C. 27526

Property Location SR# 1415 Road Name 12th LA RD

Subdivision Kenton Lot # 2 # Bedrooms Proposed 3 Lot Size 2.44

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 200 Ft.

Width of ditches 3 ft. Depth of ditches 30" → 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. Markant
Signature of Authorized Agent for Harnett County

1-20-06
Date