

HTE# 16-5-13806

IMPROVEMENT PERMIT 22361

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) Bernard Young New Installation Septic Tank Repair
Property Location: SR# 1563 Bell Avenue RD Nitrification Line Expansion
Subdivision TIFE GLEN Lot # 10
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 360 GPD Lot Size: .84

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

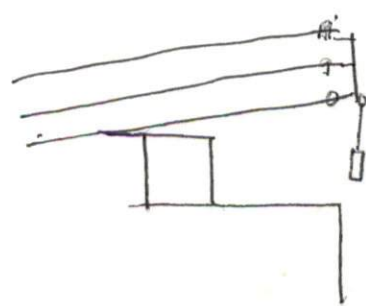
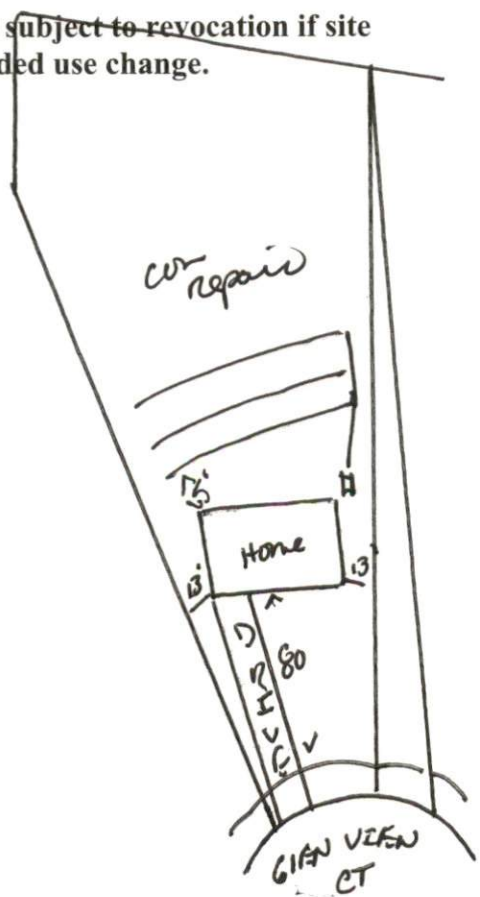
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 ft. of each ditch 100 ft. ditches 3 ft. ditches 24" in.

French Drain Required: - Linear feet

Date: 1-18-06
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



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 # 22361. 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 Bernard Young Telephone # 639-2934

Address 3485 Johnston County RD Angier N.C. 27501

Property Location SR# 1563 Road Name Bill Avery

Subdivision THF 615N Lot # 10 # Bedrooms Proposed 3 3600D Lot Size .84

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 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 29 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 E. Mantone Date 1-18-06