

HTE# 06-50013913

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT 22515

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) CHASE Construction New Installation Septic Tank Repair

Property Location: SR# 1277 Thomas Kelly Nitrification Line Expansion

Subdivision TTL & Lee Lot # A-2

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (77x90) 360 gpd Lot Size: 16.29 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 _____

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

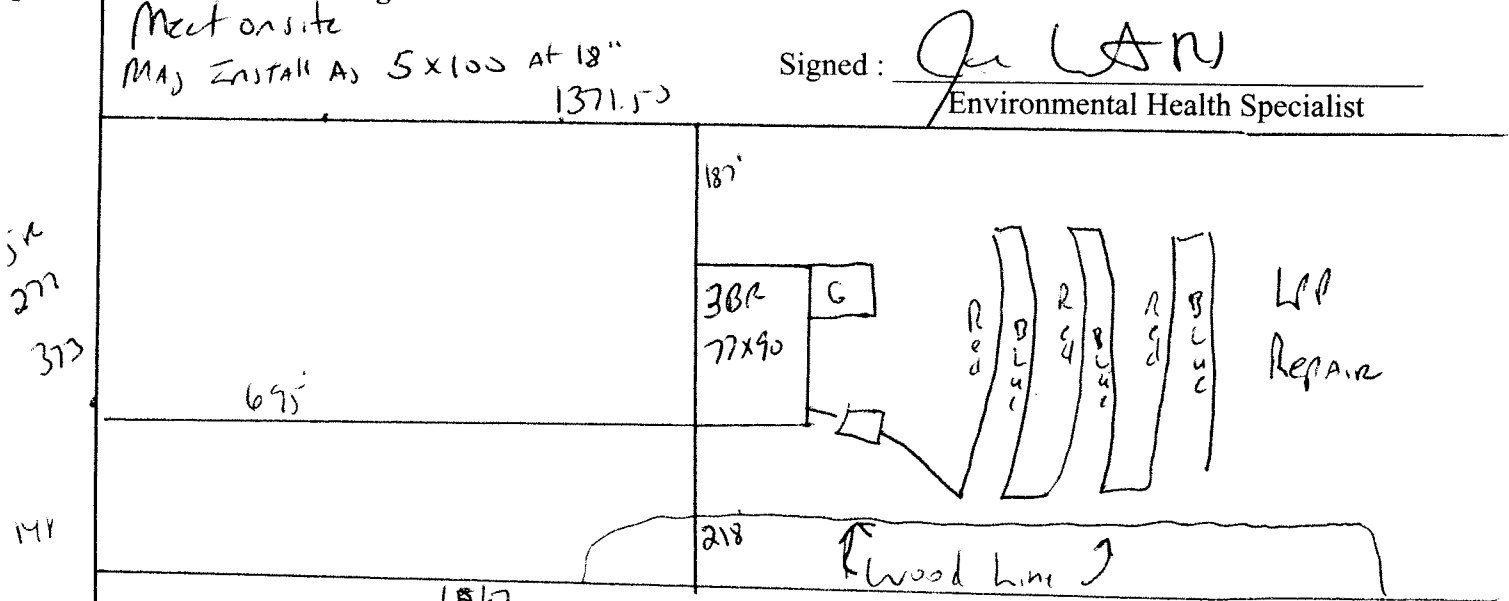
Subsurface Drainage Field No. of ditches 1 ft. exact length of each ditch 500 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 02-10-08
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature]
Environmental Health Specialist



Stub out Plumbing shallow At ground level or higher
MAINTAIN All set BACKS - MY FLAYS ARE A Rough LAYOUT of Septic SYSTEM - ~~at~~ meet onsite for Final LAYOUT

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 # 22515. 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.*

Chase Const.
Name _____ Telephone # _____
Address _____
1277 Thomaskill Rd
Property Location SR# _____ Road Name _____
TTL & Lee A-2 3(77x90) sq ft 16.29 Acc
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: 50 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 500 Ft.
Width of ditches 3 ft. Depth of ditches 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.

Jon West RS _____ 02-12-06
Signature of Authorized Agent for Harnett County _____ Date _____