HTE# 06-500 13927R

IMPROVEMENT PERMIT 22533

| Subsurface No. of exact length |
|--|
| Tax ID# |
| Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other 25% led + 130 SYJTEM Size of tank: Septic Tank: Oo gallons Pump Tank: gallons Subsurface No. of exact length of exact length of each ditches ft. Date: 3-1-06 This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE |
| Type of system: Conventional Other 25% (ed. t.s. SY) TEM Size of tank: Septic Tank: Oo gallons Pump Tank: gallons Subsurface No. of exact length of exact length of each ditch ft. of each ditches ft. ditches f |
| Size of tank: Septic Tank: gallons Pump Tank: gallons Subsurface No. of exact length of each ditch ft. ditches ft. ditches ft. ditches ft. ditches ft. ditches SYJTEM French Drain Required: Linear feet Linear feet Date: SYJTEM This permit is subject to revocation if site PERMIT EXPIRES 5 YEARS FROM ABOVE DATE |
| Subsurface No. of exact length |
| French Drain Required:Linear feet Date: SYJTEM Date: Date: SYJTEM Date: Date: Date: |
| This permit is subject to revocation if site Date: 3-1-06 |
| |
| plans or intended use change. STAIKE FASIC 67 Signed: |
| Environmental Health Specialist STUB O-t Plumbing Shallow (At ground leve Som hiner) Set Tank so That it is loo from Property Line & S' From house Mect on site for F. Wall Agod Maintain All Set Backs |

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AT HORIZATION TO CONS' UCT

| Harnett County Department of Public Health, Improvement Permit # 22533 |
|--|
| authorization shall be valid for a period not to exceed five (5) years from the 1.4. |
| This authorization will be invalid if ownership, site plans, or intended use change. |
| Bill Clark Homes |
| Name Telephone # |
| |
| Address |
| 1139 |
| Property Location SR# Road Name |
| |
| Subdivision Lot # Bedrooms Proposed Lot Size |
| |
| TYPE OF SYSTEM |
| New Installation [] Repair Septic Tank Nitrification Lines |
| [] Conventional MOther 25% Reduction SYSTEM |
| [] Basement [] With Plumbing [] Without Plumbing |
| Water Supply: [] Well Public Water Supply Minimum Well Setback: Ft. |
| Septic Tank gal Pump Chamber gal |
| NITRIFICATION FIELD SPECIFICATIONS |
| |
| Number of fields # of lines per field Length of lines / \tag{Ft.} |
| Width of ditches ft. Depth of ditches inches OF 25% Reduction SYSTEM |
| French Drain: Linear feet required Depth of gravel |
| Depth of graver |
| |
| No wastewater system shall be covered or placed into use 1 |
| 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 wall down to be a provided or the conditions of the Improvement Permit and that a wall down to be a provided or the conditions of the Improvement Permit and that a wall down to be a provided or the conditions of the Improvement Permit and that a wall down to be a provided or the conditions of the Improvement Permit and that a wall down to be a provided or the conditions of the Improvement Permit and that a wall down to be a provided or the conditions of the Improvement Permit and that the system has been installed according to |
| the conditions of the Improvement Permit and that a valid Operations Permit has been installed according to |
| r - stond r offfice has been issued. |
| 0 12 -1 00 |
| You West RS |
| Signature of Authorized Agent for Harnett County |