

HTE# 06-5-14011

IMPROVEMENT PERMIT 22855

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) STEPHANIE GRANT New Installation Septic Tank Repair

Property Location: SR# 1415 Rawls Ct RD Nitrification Line Expansion

Subdivision Wyndham PLACE Lot # 1

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 BRN 360 GPD Lot Size: 786

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 Drainage Field No. of ditches 4 ft. exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 20-18 in.

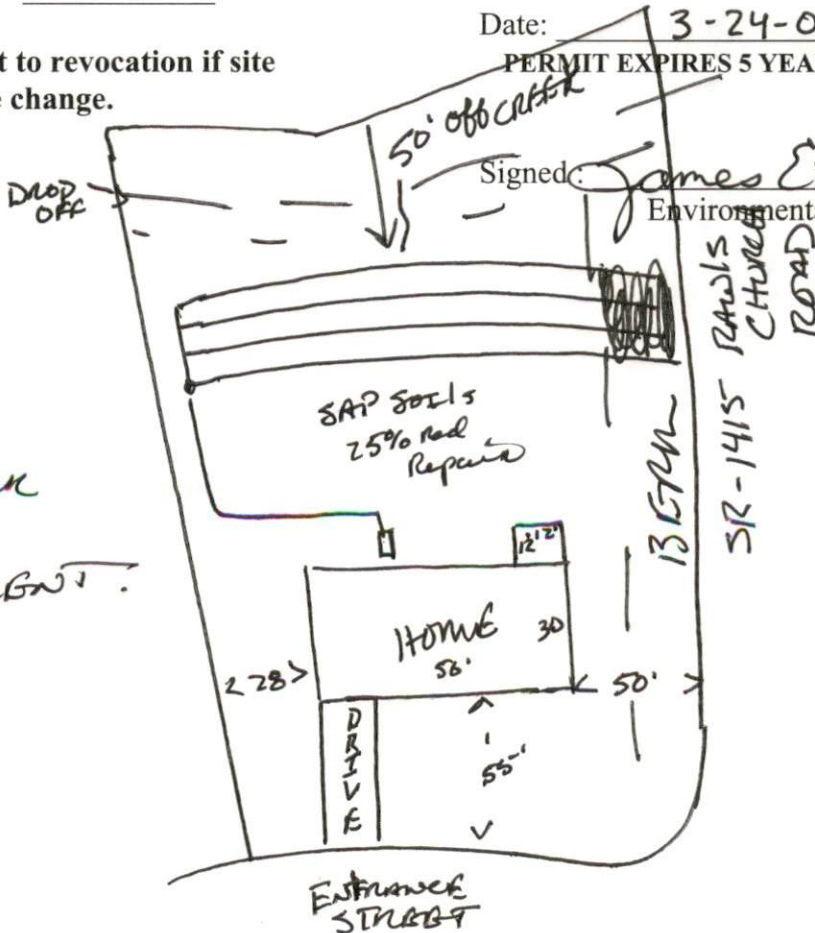
French Drain Required: — Linear feet

Date: 3-24-06

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: James E. Mankant
Environmental Health Specialist



*Contractor to meet ON SITE FOR Proper System PLACEMENT.

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 # 22855. 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.*

STEPHANEE GRANT Name 919-201-3355 Telephone #

811 SUNRISE DR GARNER N.C. 27529 Address

1415 Property Location SR# 12m/s CH RD Road Name

Wyndham Place Subdivision 1 Lot # 3BRN 3606PD # Bedrooms Proposed .780 Lot Size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% Reduction System

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 4 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 20" - 15" ^{neap} 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. Manhart
Signature of Authorized Agent for Harnett County

3-24-06
Date