

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 06-5-14219

IMPROVEMENT PERMIT 22853

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) DTF Construction EPC New Installation Septic Tank Repair

Property Location: SR# 1441 Chalybeate Springs RD Nitrification Line Expansion

Subdivision Crosslink Lot # 52

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed : 3 BR 360 GPD Lot Size: 1583

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 Syst

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

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

French Drain Required: - Linear feet

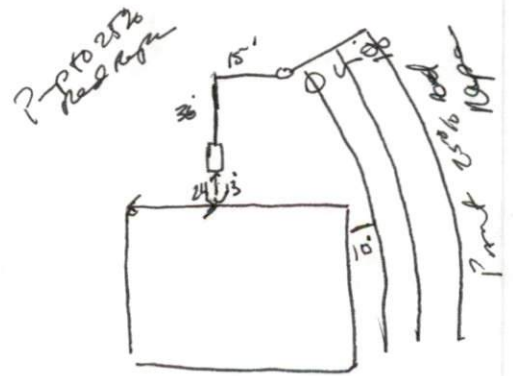
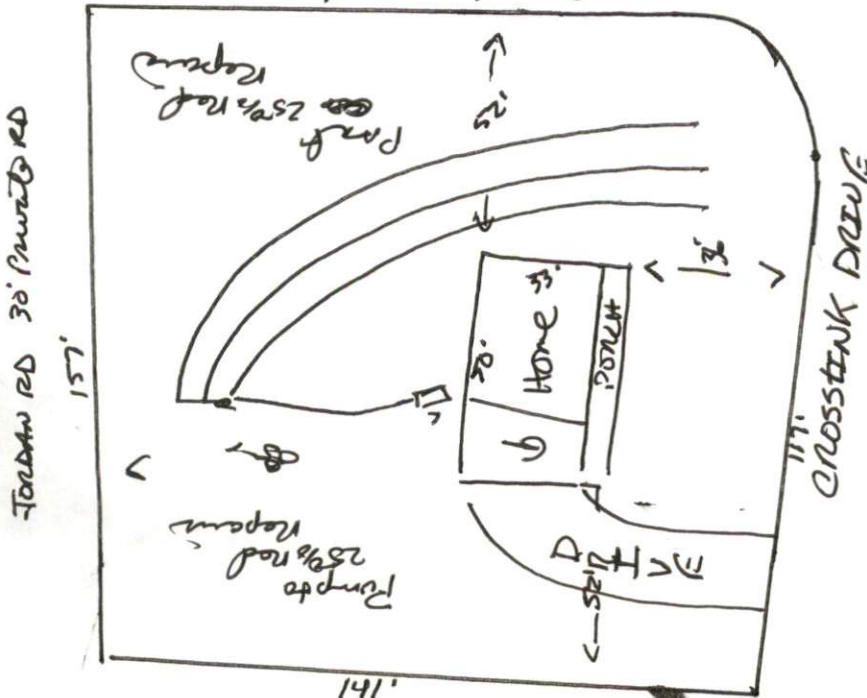
Date: 3-23-06

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: James E. Merchant
Environmental Health Specialist

Chalybeate Springs RD



06-5-14219

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 # 22853. 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 DTF Construction INC Telephone # 919-868-5810

Address 8113 White STAR DRIVE F.V. N.C. 27526

Property Location SR# 1441 Road Name Chalybeate Sp Rd

Subdivision Crookland Lot # 52 # Bedrooms Proposed 3 BR 3606PD Lot Size .584

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% Reduction Syst

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 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. Montfort
Signature of Authorized Agent for Harnett County

3-23-06
Date