

HTE# D6-5-14373

IMPROVEMENT PERMIT 22876

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) KETH (ATKINS Place, LLC)
DEXTER BULLOCK New Installation Septic Tank Repair
 Property Location: SR# 1429 Chalbeats RD Nitrification Line Expansion
 Subdivision DEXTER FIELD Lot # 66
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3000 360 GPD Lot Size: 1407

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 25% Reduction Syst

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

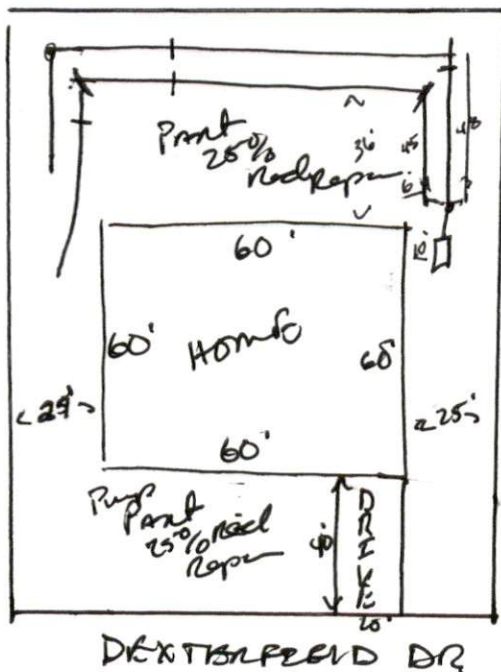
Subsurface Drainage Field No. of ditches 2 ft. exact length of each ditch 120 ft. width of ditches 3 ft. depth of ditches 30 → 18 in.

French Drain Required: - Linear feet

Date: 4-5-06
 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed James E. Markant
 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 # 22876. 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 KEITH Bullock (Atkins Place, LLC) Telephone # 919-427-4628

Address 72 OVERLOOK CT Angier N.C. 27501

Property Location SR# 1429 Road Name Chalybeate

Subdivision DEXTERFIELD Lot # 66 # Bedrooms Proposed 3 BR - 360 GPD Lot Size .401

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 2 Length of lines 120 Ft.

Width of ditches 3 ft. Depth of ditches 30-6" 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

4-5-06
Date