

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 06-5-14382

IMPROVEMENT PERMIT 22873

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) Bethwel Homes Inc New Installation Septic Tank Repair
 Property Location: SR# 1429 Chalybeate RD Nitrification Line Expansion
 Subdivision DEXTERFIELD Lot # 61
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3000 3000 GPD Lot Size: .401

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

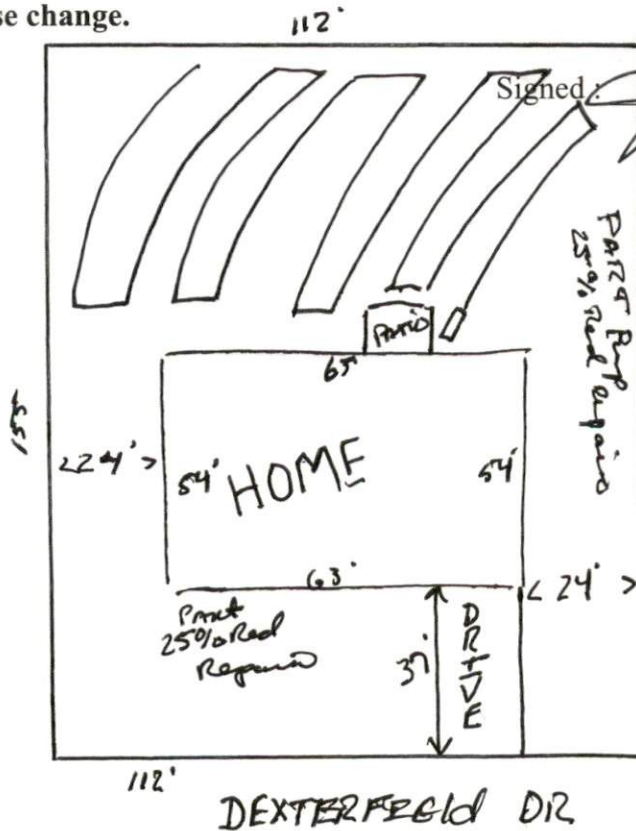
Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 ft. of each ditch 300 ft. ditches 3 ft. ditches 18-20 in. ^{max}

French Drain Required: - Linear feet

Date: 4-5-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE



Signed: James E. Mantel
 Environmental Health Specialist

* TAKE NOTE TO DITCH DEPTH
 * LAYOUT SUBJECT TO CHANGE.

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 # 22873. 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.*

Beltwell Homes Inc Name 919-662-1010 Telephone #

720 Treble DR GARNER N.C. 27525 Address

1429 Property Location SR# Chalybeste Road Name

DEWATERFIELD Subdivision 61 Lot # 30m 360 GPD # Bedrooms Proposed 1401 Lot Size

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 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 18-20" inches ^{m.s.p.}

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. Mantona
Signature of Authorized Agent for Harnett County

4-5-06
Date