

HTE# 06-5-14391

IMPROVEMENT PERMIT 22880

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) CURREN BUILDERS INC New Installation Septic Tank Repair
 Property Location: SR# 1429 Chalbeato Nitrification Line Expansion
 Subdivision DEXTRAFERIO Lot # 16
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3000 360 GPD Lot Size: .345

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

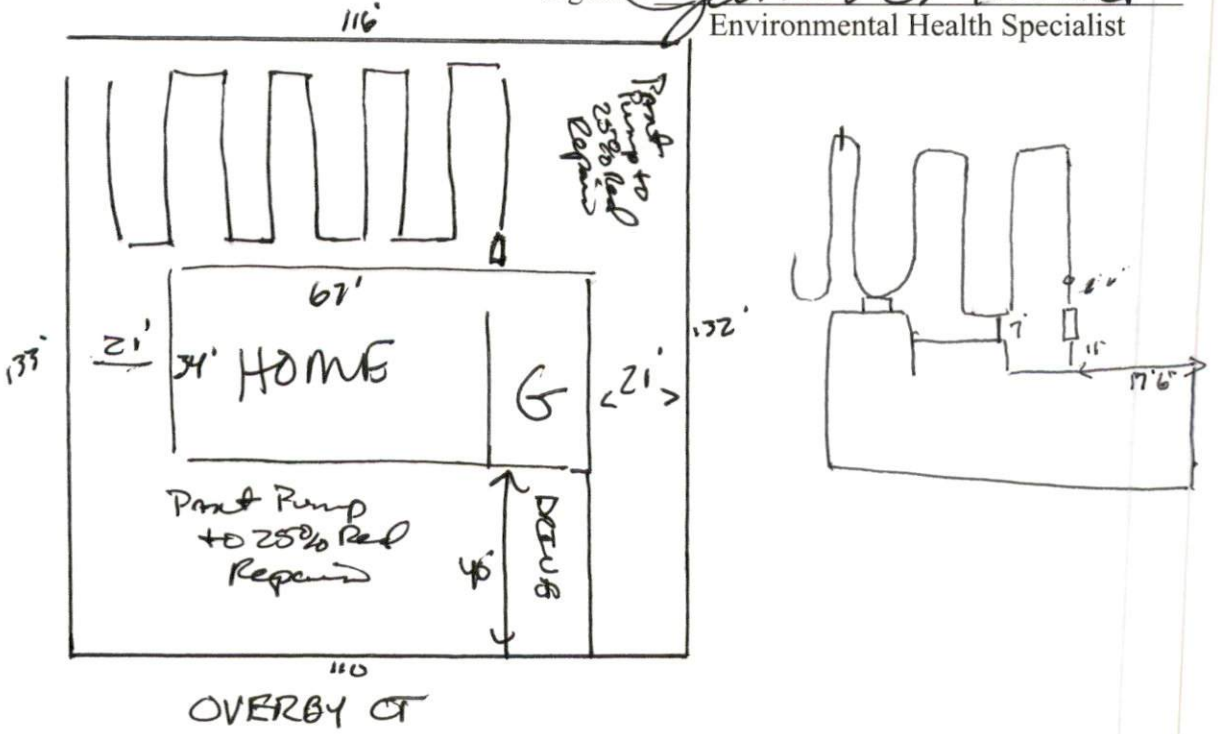
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 36-718 in.

French Drain Required: - Linear feet

Date: 4-11-06
 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: James E. Montan 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 # 22880. 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.*

CURREN Builders 919-635-6989
Name Telephone #

6350 Wimberly RD Wellow Springs N.C. 27592
Address

1427 Chalybeate
Property Location SR# Road Name

DIXIEBARKED 16 3BR 3606PD .345-
Subdivision Lot # # Bedrooms Proposed 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 1600 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 36-18 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. Merchant
Signature of Authorized Agent for Harnett County

4-11-06
Date