

HTE# 06-50014417R

IMPROVEMENT PERMIT 22623

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) Hamilton Builders New Installation Septic Tank Repair
 Property Location: SR# 1229 Nitrification Line Expansion
 Subdivision AVA's Ridge Lot # 11
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3 (38x67) 360 gpd Lot Size: 63 AC

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

Subsurface Drainage Field No. of ditches 1 ft. exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18" x in.

French Drain Required: _____ Linear feet

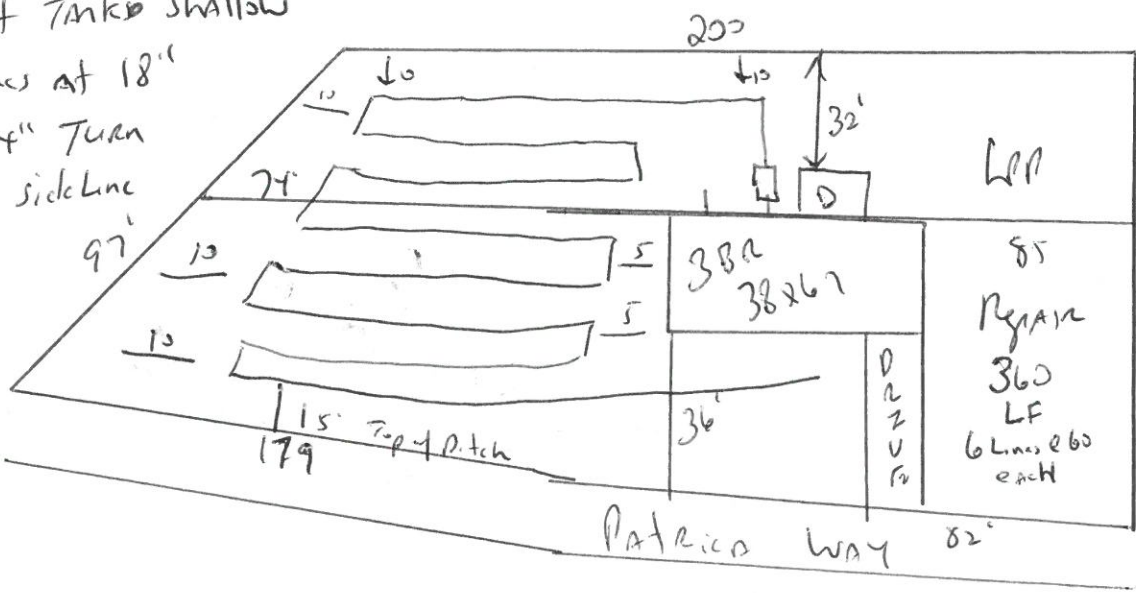
Date: 04-11-06
 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

STUB OUT Plumbing AT ground level or higher meet on site for layout
Set Tanks shallow

Signed: [Signature]
 Environmental Health Specialist

Start Lines at 18" Run to 24" Turn towards sideline



Myrtle Lane
125'

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 # 22623. 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.*

Hamilton Buckner

Name

Telephone #

Address

1229

Property Location SR#

Road Name

AVA's Ridge

11

3 (38x67) 360 gal

.63 Ac

Subdivision

Lot #

Bedrooms Proposed

Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

Conventional [] Other _____

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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.

Jon West RS

Signature of Authorized Agent for Harnett County

04-11-06

Date