

HTE# 06-5-14481

IMPROVEMENT PERMIT 22894

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) Joe Gardner Cape Fear Builders New Installation Septic Tank Repair
 Property Location: SR# 1475 Chalybeate Nitrification Line Expansion
 Subdivision DEXTERFIELD Lot # 7
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3 BRN 360 GPD Lot Size: .394

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 System

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

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 ft. width of ditches 5 ft. depth of ditches 30-18 in.

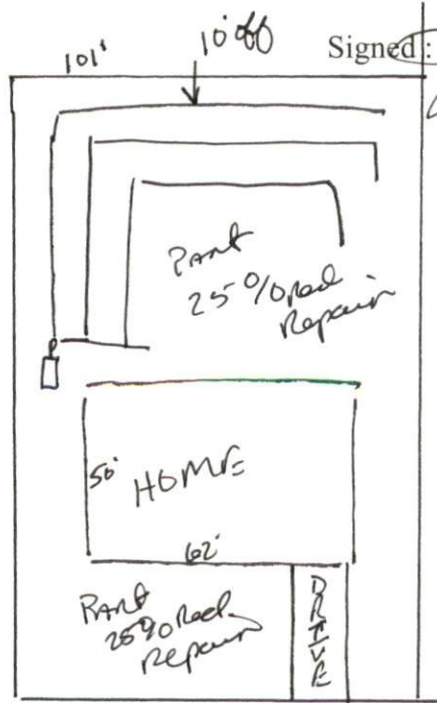
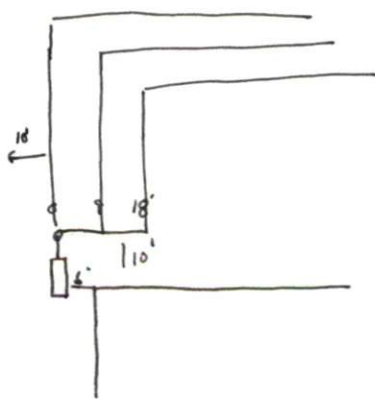
French Drain Required: - Linear feet

Date: 5-3-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: James E. Martin
 Environmental Health Specialist



STREET

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 # 22894. 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.*

CAPE FEAR Builders - Joe Gardner 910-891-9600
Name Telephone #

1116 Tysinger RD Lenoir N.C. 27546
Address

1429 Chalybeate
Property Location SR# Road Name

DEXTERFIELD 7 301m 360 GPD .354
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% Red system

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 90 Ft.

Width of ditches 3 ft. Depth of ditches 30-718 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. Manhart
Signature of Authorized Agent for Harnett County

5-3-06
Date