

06-5-
1462312

IMPROVEMENT PERMIT

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) STEPHENSON Builders New Installation Septic Tank
Property Location: SR# 1429 CHALYBEATE RD Repairs Nitrification Line

Subdivision DEXTERFIELD Lot # 10

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3BR - 360 GPD Lot Size: .345

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: _____ gallons Pump Tank: _____ gallons

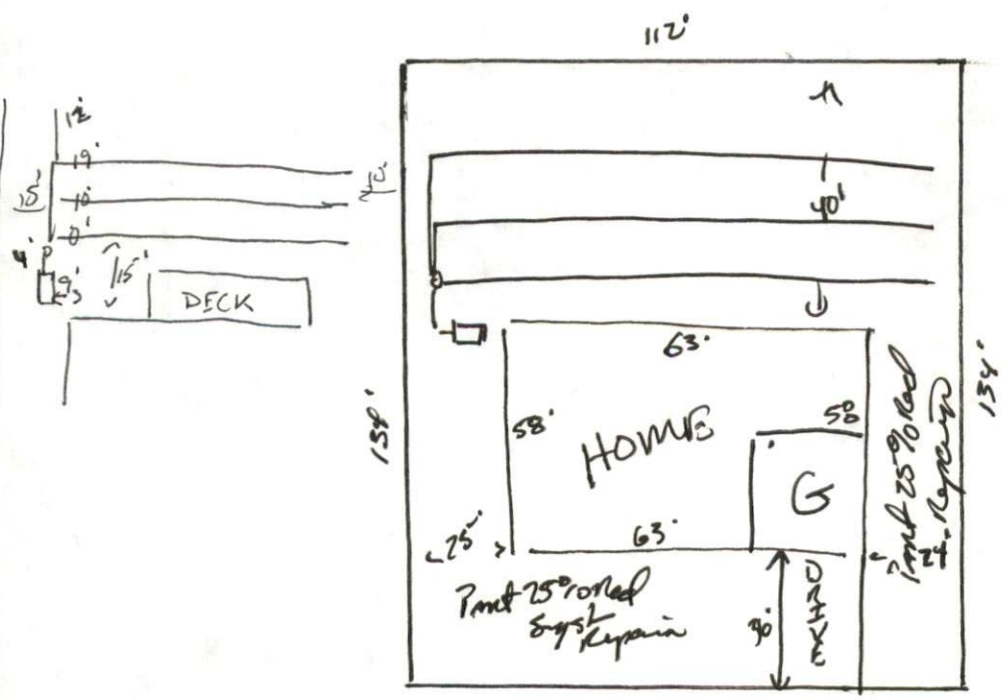
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 30-18 in.

French Drain Required: 1 Linear feet

Date: 5-9-06

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

Signed: James Markant DNR
Environmental Health Specialist



OVERBY CT 112'

06-5-1462312

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 # 14301. 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.*

STEPHENSON BUILDERS 919-639-2862
Name Telephone #

1187 N. DAMEIGH ST Angier N.C. 27501
Address

1429 Chalybonte RD
Property Location SR# Road Name

DEXTERFIELD 10 3BR 360 GPD .345
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: _____ Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 80 Ft.
Width of ditches 3 ft. Depth of ditches 30-18 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. Mandantors
Signature of Authorized Agent for Harnett County

5-9-06
Date