

HTE# 06-50015231

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT 23087

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) Kenneth Cummings New Installation Septic Tank Repair
Property Location: SR# 1125 Nitrification Line Expansion
Subdivision FOREST OAKS Lot # 89
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 (54x46) 760 sq ft Lot Size: .47 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

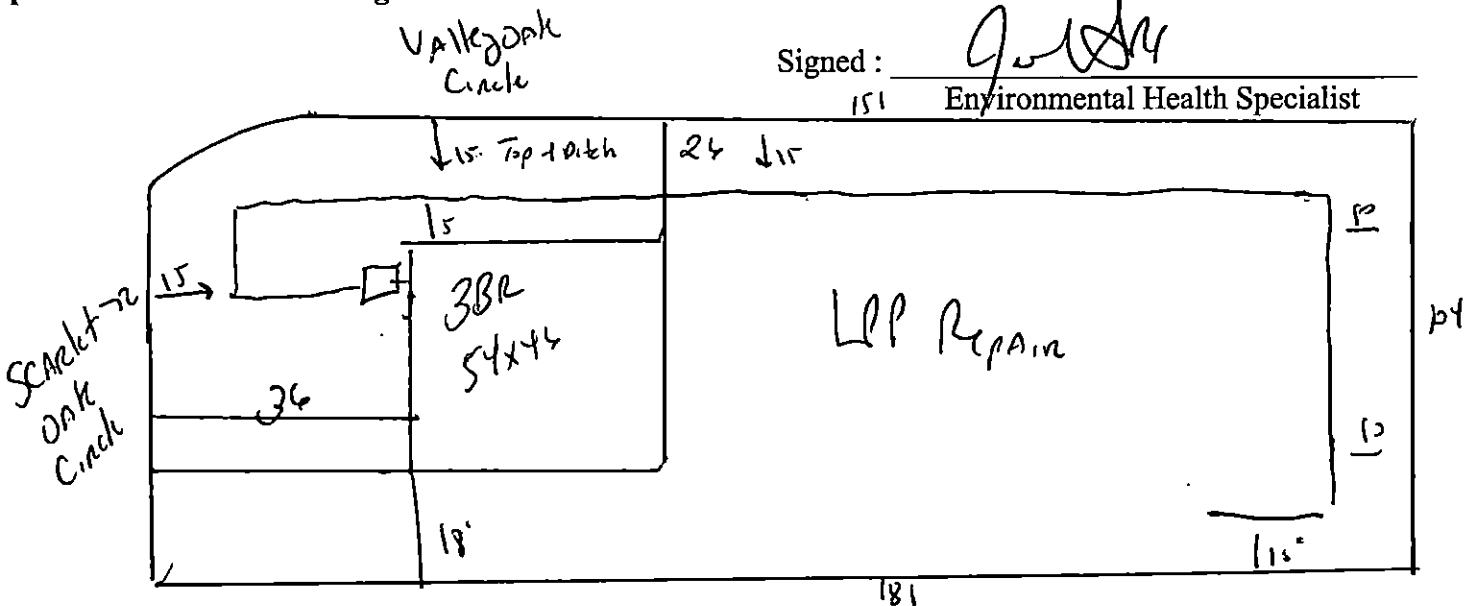
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 12 1/2 in.

French Drain Required: _____ Linear feet

Date: 7-5-06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature]
151 Environmental Health Specialist



STUD out plumbing shaller where shown
Maintain All set Backs keep drain Lines 15' from Top of ditch Bank
Meet onsite if Any questions or problems Arise

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 # 2387. 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.*

Kenneth Cummings

Name

Telephone #

Address

1725

Property Location SR#

Road Name

Forest Oaks

89

3 (54x76) 360 sq ft

.47 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 270 Ft.

Width of ditches 3 ft. Depth of ditches 18 1/2 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

07-07-06

Date