

IMPROVEMENT PERMIT

011703

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) Melvin & Geraldine Stewart New Installation Septic Tank
 Property Location: SR# 2045 Repairs Nitrification Line

Subdivision Melvin & Geraldine Stewart Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Flow = 1,500 gal/day Lot Size: 2.08 Ac

Basement with Plumbing: Garage: Convenience store = 476 gallons/day
Pizza carry out = 532 gallons/day
Del: = 480 gallons/day
1,488 gal/day
 Water Supply: Well Public Community
 Distance From Well: 100 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pressure manifold

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

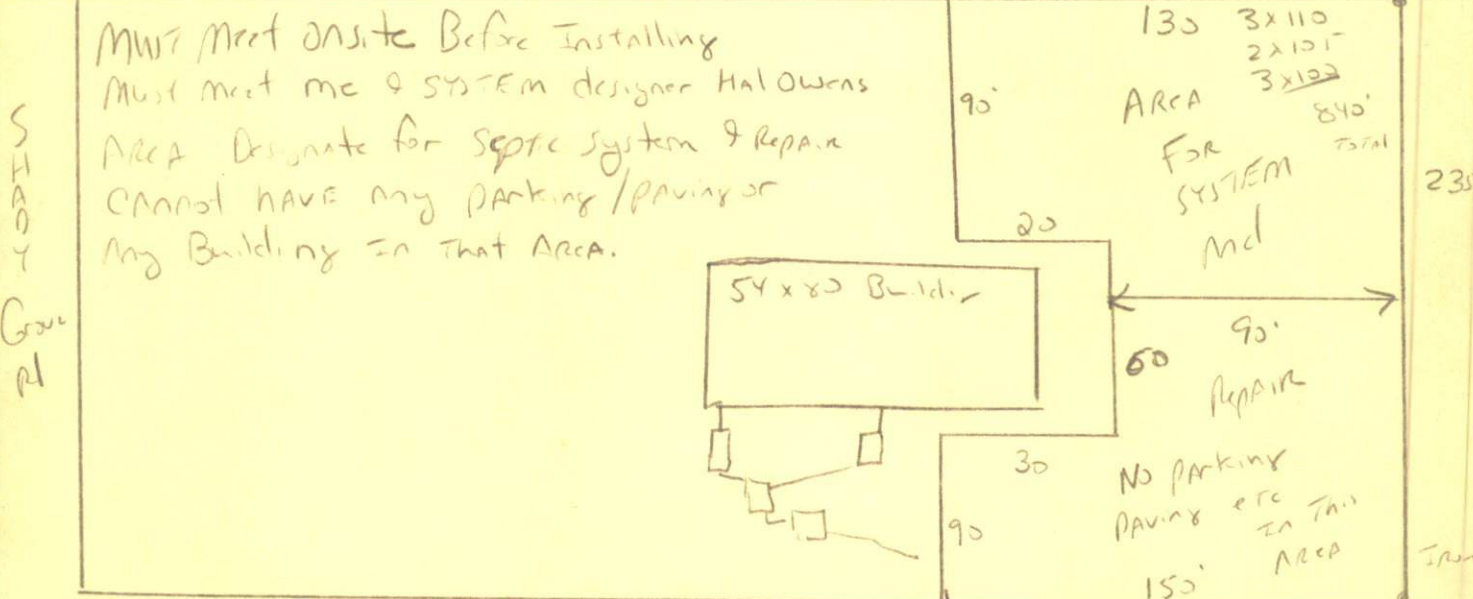
Subsurface Drainage Field No. of ditches _____ exact length of each ditch _____ ft. width of ditches _____ ft. depth of ditches _____ in.

French Drain Required: _____ Linear feet

2 (1000 grease TRAP) 3000 gal Septic Tank & 2000 gal Pump Tank Date: 5-25-01

This permit is subject to revocation if site plans or intended use change. Signed: Joe W. [Signature] Environmental Health Specialist

SR 2045



NOTE: MUST Put in (2) 1000 gal grease TRAP for the Pizza carry out & Deli. One each - 3000 gal septic TANK & 2000 gal Pump Tank.
 Pressure manifold SYSTEM

**HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18325. 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.

Owner or Authorized Agent Melvin Stewart

Name: _____ Telephone # 436-7811

Address: _____

Property Location: SR # 2045 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Melvin Stewart Lot # _____

Number of Bedrooms Proposed: 1500 gal/day Lot size: 2.08 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional Other

Tank Volume: Septic Tank _____ gallons Pump Chamber _____ gallons

Pressure manifold system

Nitrification Field Specifications

Number of fields _____ Number of Lines per Field _____ Length of lines _____

Width of ditches _____ ft. Depth of ditches _____ 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 5-25-01

(Revised 2/96)CNSTRCT.WPD