Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin

HTE#06-5- 13884

## **IMPROVEMENT PERMIT** 22386

| construction of any building at which a septic tank system is to be used<br>permit from the Harnett County Health Department." |   |
|--|---|
| Name: (owner) D+P Properties 210 New   | Installation Septic Tank Repair                         |
| Property Location: SR# 1709 Italges (Stape) 1715 Subdivision   | Nitrification Line  Expansion                           |
|  | Quadrant #  |
| Number of Bedrooms Proposed: 15 Employers - 25/Conf.   | Lot Size: 2.594   |
| Number of Bedrooms Proposed: 156 players - 25/64/6<br>Basement with Plumbing: Garage: 376                                      | al  |
| Water Supply:  Well Public  Community  |   |
| Distance From Well: ft.  |   |
| Following is the minimum specifications for sewage dispos  | al system on above captioned property.                  |
| Subject to final approval.   |   |
| Type of system:  |   |
| Size of tank: Septic Tank: gallons Pump Tan  | nk: gallons   |
| Subsurface No. of exact length Drainage Field ditches Z ft. of each ditch / 50   | width of depth of  ft. ditches3ft. ditches 26 → 18 _in. |
| French Drain Required: Linear feet   | 2 22 46   |
| This permit is subject to revocation if site 5 HELL plans or intended use change.  | PERMIT EXPIRES 5 YEARS FROM ABOVE DATE                  |
| plans of intended use quange.  | ned James & Markant ons                                 |
| 50 51  | Environmental Health Specialist                         |
| 31.  |   |
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| < 50. 11<br>1140' PANNER   |   |
| 1 (  |   |
|  |   |
| 581709 HO  | DGES CHAPEN RD  |

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a Harnett County Department of Public Healt authorization shall be valid for a period not       | h, Improvement P<br>to exceed five (5) | ermit # <b>22386</b> years from the date of issu       | This      |
|--|--|--|-----------|
| This authorization will be invalid if owners  Dti Properties LLC  Name   |  | 11 intended use change.  9/9-870 - Telephone #         | 3345      |
| 7.0. Box 385 DUNN N. Address   | c. 28335                               | 6500 803 ( 000 <b>4</b> 77.2 ( (Profession) ( 0.00 ( ) |           |
| 1709   |  | Hodsen Channel (                                       | 21        |
| Property Location SR#  | 25gpl Per                              | Road Name  | -0        |
| /  | 15 employee                            | 5 7.554  |           |
| Subdivision Lot #  | # Bedrooms Proposed                    | Lot Size   |           |
| TYPE   | E OF SYSTEM                            | <u>[</u>   |           |
| [ New Installation [ ] Repair [ ] Sep  | otic Tank [                            | Nitrification Lines                                    |           |
| [ Conventional [ ] Other   |  |  |           |
| [ ] Basement [ ] With Plumbing [ ] With  | hout Plumbing                          |  |           |
| Water Supply: [ ] Well [ Public Wat  | er Supply Minim                        | ım Well Setback:                                       | Ft.       |
| Septic Tankgal   | Pump Chamber _                         |  | gal       |
| NITRIFICATION FIELD SPECIFICATIONS   |  |  |           |
| Number of fields # of lines per t  | field <b>Z</b> I                       | ength of lines   | Ft.       |
| Width of ditches ft. Depth of ditches inches   |  |  |           |
| French Drain: Linear feet required   | Depth of gravel                        | _  |           |
|  |  |  |           |
| No wastewater system shall be covered or pla<br>Harnett County Health Department has detern<br>he conditions of the Improvement Permit and | nined that the sys                     | tem has been installed acce                            | ording to |
|  |  |  |           |
| James & Mahont eus   |  | 7-28-0   | 70        |
| ignature of Authorized Agent for Harnett County  |  | Date   | <b>9</b>  |