00-50000919

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

№ 16865

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) Angela + Mark GASKIN ☑ New Installation ☑ Septic Tank

Property Location: SR# 1516 Sheriff Johnson ☐ Repairs ☑ Nitrification Line

Subdivision Marcus GASKINS Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 3.00 Acre

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 _____

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

Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-20 in.

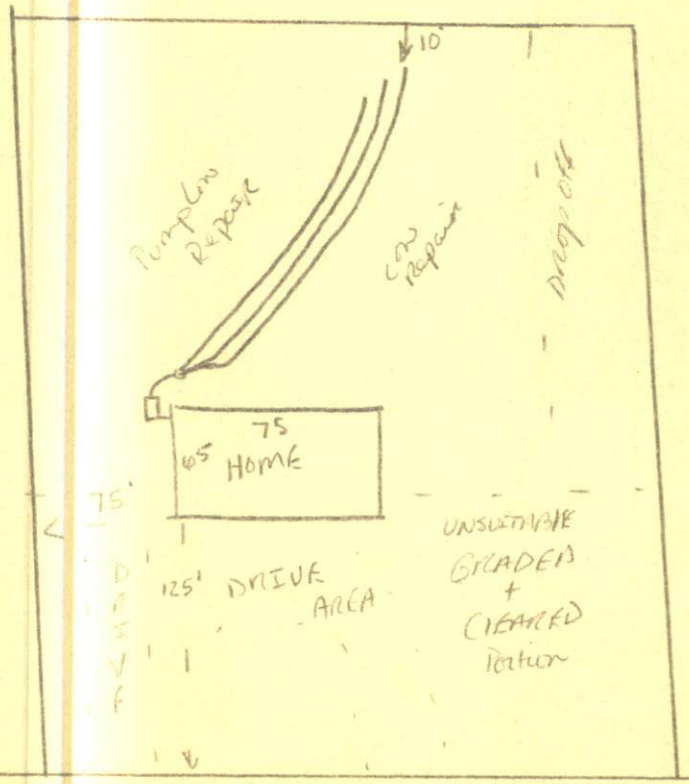
French Drain Required: — Linear feet

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

Date: 1-10-01

Signed: James E Mankat III R.S.
Environmental Health Specialist

*Maintain all setbacks!



SR-1516 Sheriff Johnson

#00-50000519

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 # 16865. 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 _____

Name: Angela + Mark Gaskin **Telephone #** 910-893-8464

Address: 2601 Sheriff Johnson Rd Lillington N.C. 27546

Property Location: SR # 1516 **Road Name** Sheriff Johnson

New Installation ✓ **Repair** _____ **Septic Tank** ✓ **Nitrification Lines** ✓

Subdivision Marcus Gaskin **Lot #** –

Number of Bedrooms Proposed: 3 **Lot size:** 3.00

Basement _____ **With Plumbing** _____ **Without Plumbing** _____

Water Supply: Well ✓ **Public** _____ **Minimum Well Setback:** 50' **ft.**

Type of System: Conventional ✓ **Other** _____

Tank Volume: Septic Tank 1000 **gallons** **Pump Chamber** _____ **gallons**

Nitrification Field Specifications

Number of fields 2 **Number of Lines per Field** 3 **Length of lines** 100

Width of ditches 3 **ft. Depth of ditches** 18-20 **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: James E Mahan III RS **Date:** 1-10-01

(Revised 2/96)CNSTRCT.WPD