#01-50061555

## HARNE COUNTY HEALTH DEPARTMEN

## IMF DOVEMENT 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."

| Property Location: SR#   |
|--|
| Tax ID #   |
| Tax ID # Quadrant #   Number of Bedrooms Proposed:   |
| Number of Bedrooms Proposed:  Basement with Plumbing:  Water Supply:  Well Public Community  Distance From Well:  Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system:  Conventional  Other FFF 27 1 144 5 WW5-85-31  Size of tank:  Septic Tank: 1000 gallons  Pump Tank:  gallons  Subsurface  No. of exact length width of depth of ditches of each ditch 100 ft. ditches ft. ditches 15-20 in.  French Drain Required:  Linear feet  Date: 4-30-01  Signed:  This permit is subject to revocation if site plans or intended use change.  Environmental Health Specialist  **Main Fair all Set Books  **RUN LINES ON CONTOURE**  |
| 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 FF77 LAYTWWS-85-36  Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons  Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch 100 ft. ditches ft. ditches 15.70 in.  French Drain Required: Linear feet  Date: 4-30-01  This permit is subject to revocation if site plans or intended use change.  Date: 50-01  Environmental Health Specialist  *Main tai all Setbacks  **RUN LINES ON CONTOUR &**  **This permit is subject to revocation if site plans or intended use change.   |
| Distance From Well:  |
| Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system: Conventional Other FFF 277 IMY TWWS-85-36  Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons  Subsurface No. of exact length width of depth of of each ditches ft. ditche |
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| Size of tank:  Septic Tank: 1000 gallons  Pump Tank: gallons  Subsurface   |
| Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch of each ditches of each  |
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| This permit is subject to revocation if site plans or intended use change.  Date: 4-30-01  Signed: 5 Manhart E  Environmental Health Specialist  *Main tai all Setbacks  **RUN LINES ON CONTOUR.   |
| This permit is subject to revocation if site plans or intended use change.  Signed: Jan & Manhart III  Environmental Health Specialist  *Main tai all Setbacks  **RUN LINES ON CONTOUR.  |
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IF 00-50001555

## RNETT COUNTY HEALTH DE ITMENT AU HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18413. 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: Ctn Buildes Telephone # 918-721-076  |
| Address: 7.0. BDY 1405 DUNN NC 28335   |
| Property Location: SR# 1443 Road Name Latagette  |
| New Installation Repair Septic Tank Nitrification Lines  |
| Subdivision VIC forior Hills Lot # 705   |
| Number of Bedrooms Proposed: 3 Lot size: 36,5334   |
| Basement With Plumbing Without Plumbing  |
| Water Supply: Well Public Minimum Well Setback: 50 ft.   |
| Type of System: Conventional Other FEE-TILLAY Juns-55-300  |
| Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons   |
| 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: Market Date: 4-30-01  (Revised 2/96) CNSTRCT. WPD  |
| (ACVISCU 2/90)CNSTRCT.WPD  |