

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) WALTER O'Reilly New Installation Septic Tank
 Property Location: SR# 1141 Repairs Nitrification Line
SERINA WOODS
 Subdivision SERINA WOODS Lot # TRACT 1

Tax ID # _____ Quadrant # _____
 Number of Bedrooms Proposed: 4 BR 3 (45x160) Lot Size: 8.96 AC
 Basement with Plumbing: Total Garage: with 1 Bedroom
 Water Supply: Well Public Community 3 BR House 45x160
 Distance From Well: 50 ft. Green house with no rest rooms
Green house does not require septic system

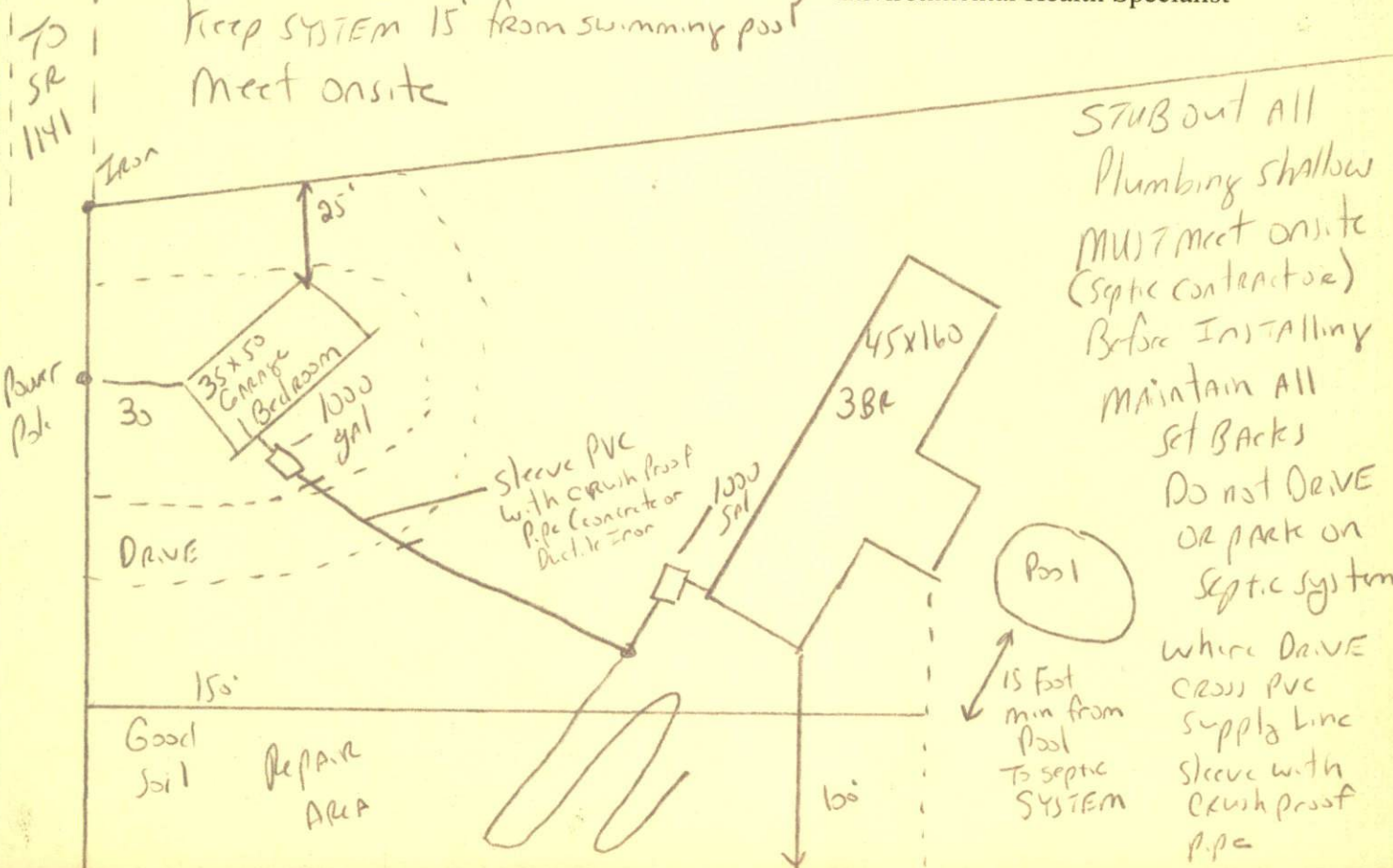
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 2(1000) gallons Pump Tank: _____ gallons
 Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 320 ft. ditches 3 ft. ditches 18.24 in.
 French Drain Required: _____ Linear feet

Date: 12-11-01
 Signed: [Signature]
 Environmental Health Specialist

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

Keep SYSTEM 15' from swimming pool
 Meet onsite



**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 # 18863. 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.*

Walter O'Reilly 860-3879
Name Telephone #

Address

1141

Property Location SR# Road Name

Serina Woods Tract 1 4 BR Total 8.96 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 - Minimum Well Setback: 50 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 320 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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.

Joe W. R. 12-11-01
Signature of Authorized Agent for Harnett County Date