

IMPROVEMENT PERMIT

01-5-3636

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) David Sutherland et al 41 [X] New Installation [X] Septic Tank
Property Location: SR# 421 [] Repairs [X] Nitrification Line

Subdivision Tirzah Village Lot # 41

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (68x38) Lot Size: 1.167 AC

Basement with Plumbing: [] Garage: 24x24 [X] Plumber Please STAB out house

Water Supply: [] Well [X] Public [] Community Plumbing & Garage Plumbing

Distance From Well: 50 ft. high & AS shallow AS possible. If Plumbing is STABbed too deep pump may be required

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

Type of system: [X] Conventional [] Other _____

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length 320 width of 3 depth of 18-24 in. of each ditch ft. ditches ft. ditches in.

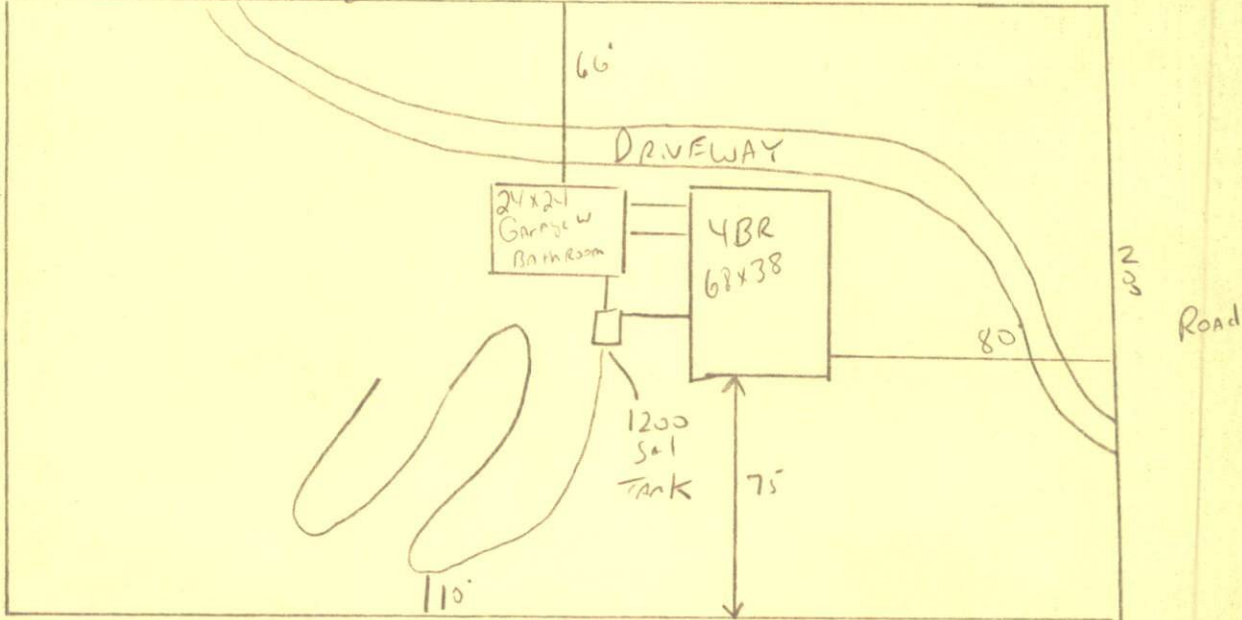
French Drain Required: _____ Linear feet

Date: 12-18-01

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

Signed: J. W. [Signature] Environmental Health Specialist

Set Tank so that you have Fall from house & Garage
18-24" 2 Ditch Depth 20
Maintain All set Backs



Plumber - STAB house & Garage Plumbing high & AS shallow AS possible - If too deep a pump may be required
Do not Drive or pack on septic system - Mark on site Final Layout may change

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 # 18869. 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 David Sutherland

Name: _____ Telephone # 776-1986

Address: _____

Property Location: SR # 421 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision TIRZAH VILLAGE Lot # 41

Number of Bedrooms Proposed: 4(68x38) Lot size: 1.167 Ac

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1200 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 320

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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 12-18-01