

IMPROVEMENT 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."

Name: (owner) Michael D Fagan

☒ New Installation

☒ Septic Tank

Property Location: SR# 1418 ATKINS RD

☐ Repairs

☒ Nitrification Line

Subdivision Wells Family

Lot # 1

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3

Lot Size: 2 Acres

Basement with Plumbing: ☐

Garage: ☐

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 _____

Size of tank:

Septic Tank: 1000 gallons

Pump Tank: _____ gallons

Subsurface

No. of

exact length

width of

depth of

Drainage Field

ditches 5

of each ditch 60 ft.

ditches 3 ft.

ditches 18-22 in.

French Drain Required: - Linear feet

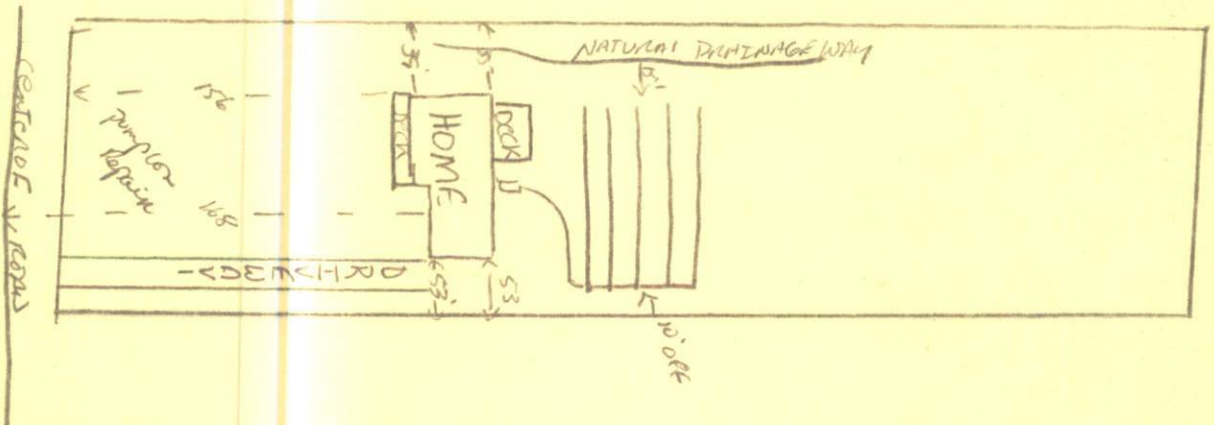
Date: 1-30-02

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

Signed: James E. Monahan

Environmental Health Specialist

*STUB Plumbing out High enough for tank to reach Drainfield conventional



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 # 18768. 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.

Name Michael D Frym Telephone # 919-635-4819

Address P.O. Box 1866 Angier N.C.

Property Location SR# 1448 Road Name ATKINS RD

Subdivision Wells Family Lot # 1 # Bedrooms Proposed 3 Lot size 2 ac

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☒ Nitrification Lines

☒ Conventional Other _____

☐ Basement ☐ With Plumbing ☐ Without Plumbing

Water Supply: ☐ Well ☒ Public - Minimum Well Setback: 150' Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 5 Length of lines 60 Ft.

Width of ditches 3 ft. Depth of ditches 18-22 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.

Signature of Authorized Agent for Harnett County James C. Moulton Date 1-30-02