

02-5-3888

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) R. L. PROPERTIES New Installation Septic Tank
Property Location: SR# 1532 LANGOON RD Repairs Nitrification Line

Subdivision CORNERSTONE Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .584 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 ft.

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

Type of system: Conventional Other POLYSTYRENE AGGREGATE TRENCH

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 12 in.

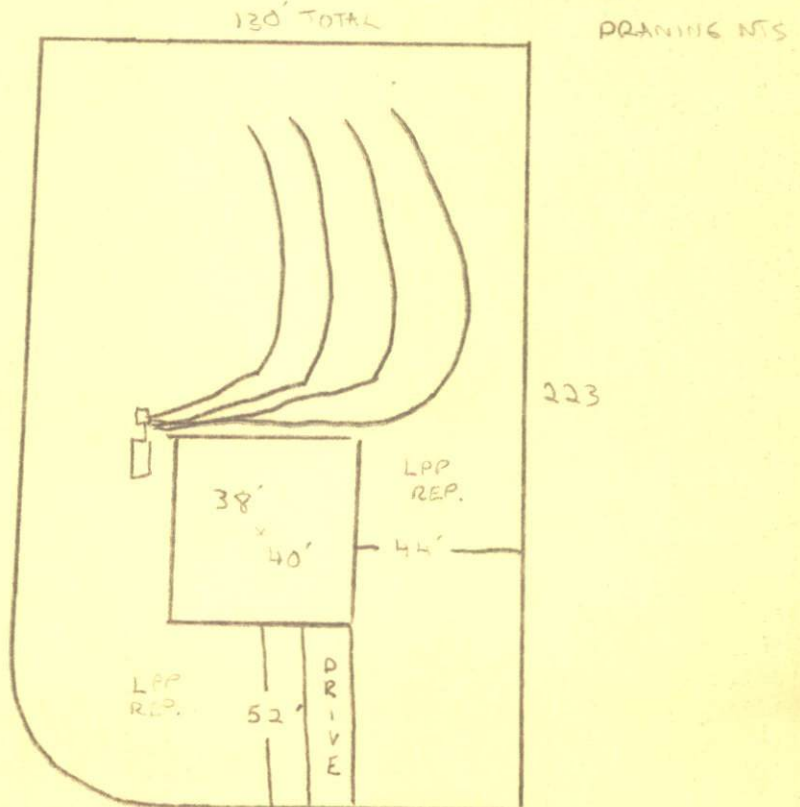
French Drain Required: _____ Linear feet

Date: 3/13/02

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

Signed: [Signature]
Environmental Health Specialist

- * MAINTAIN ALL SETBACKS
- * RUN LINES ON CONTOUR
- * 6" OF COVER NEEDED OVER ENTIRE SYSTEM.



**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 # 18986. 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.*

R.L. PROPERTIES 919-639-4295
Name Telephone #
4590 OLD BUIES CREEK RD ANGLIER NC 27501
Address
1532 LANGDON RD
Property Location SR# Road Name
CORNERSTONE 1 3 .584 AC.
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other POLYSTYRENE AGGREGATE TRENCH

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 12 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] 3/13/02
Signature of Authorized Agent for Harnett County Date