

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) DONNA D FLANAGAN☒ New Installation☒ Septic TankProperty Location: SR# 1451 Fred Burns☐ Repairs☒ Nitrification LineSubdivision William Hagg Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 10.034 acresBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance 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: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 90 ft. ditches 3 ft. ditches 16-18 max in.

French Drain Required: _____ Linear feet

Date: 3-13-02

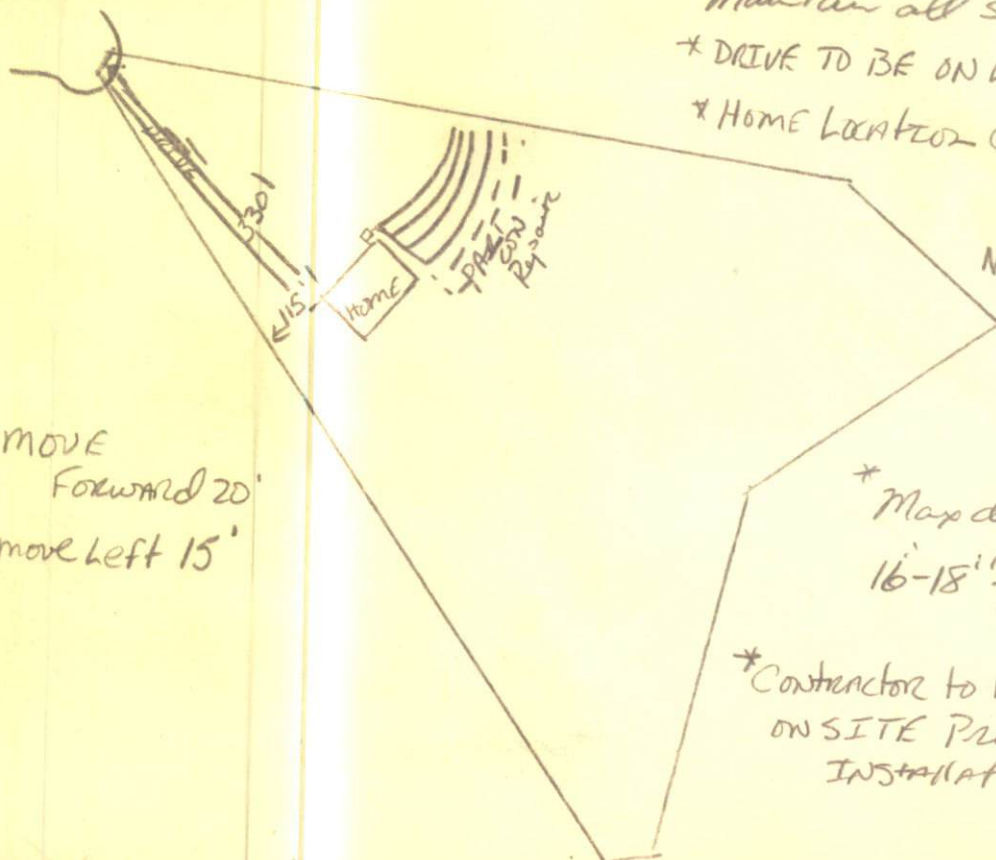
This permit is subject to revocation if site plans or intended use change.

Signed: James E. Manhart III R.S.
Environmental Health Specialist

* Maintain all setbacks!

* DRIVE TO BE ON LEFT SIDE

* HOME LOCATION CHANGE; TAKE NOTE

MOVE Forward
20' + TO THE
Left 15'* MOVE
Forward 20'
* move Left 15'* Max ditch Depth
16-18"!!* Contractor to MEET
ON SITE Prior to
Installation!

#02-5-4144

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 # 18795. 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.

DONNA D FIANAGAN 919-469-0686
Name Telephone #
106 Chestone CT Cary N.C. 27513
Address
1451 Fred Burns
Property Location SR# Road Name
Willow Hg 3 3 10.034
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: _____ Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 4 Length of lines 90 Ft.
Width of ditches 3 ft. Depth of ditches 16-18 ^{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.

James E. Manhart
Signature of Authorized Agent for Harnett County

3-13-02
Date