

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) Ricky Surles New Installation Septic Tank
Property Location: SR# 1540 Montague Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 56 acre

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 150' 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: 1200 gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 4 of each ditch 100 ft. ditches 3 ft. ditches 24-18 in.

French Drain Required: - Linear feet

Date: 9-12-02

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

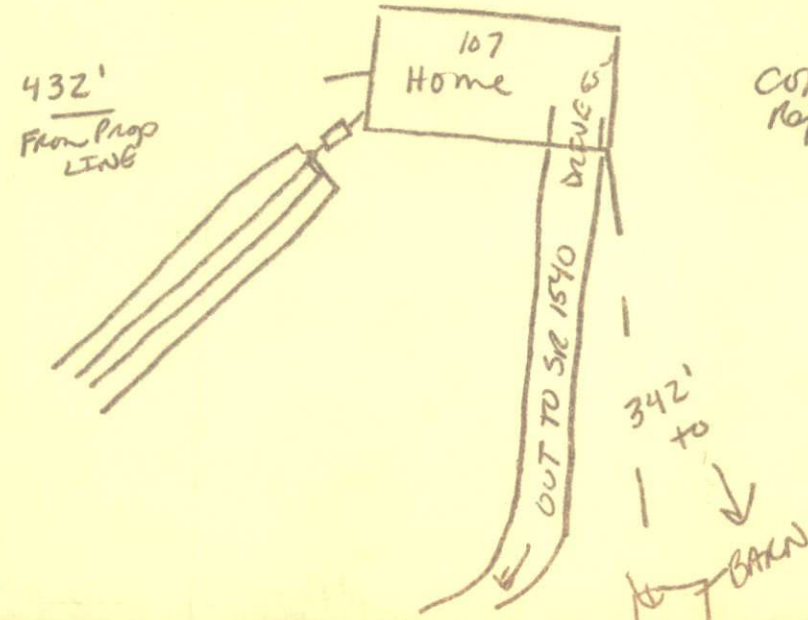
Signed: James E. Marshall ^{D. R.S.}
Environmental Health Specialist

Any changes VOID Permit
And will require Soil Scientist
to re establish Permit!

Field Change

con repair

con repair



#03-5-50005483

HAI HARNETT COUNTY HEALTH DEPARTMENT
AUT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 15525. 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 Ricky Surls Telephone # 919-639-6468
Address 480 Montague Rd Angier N.C. 27501
Property Location SR# 1540 Road Name Montague
Subdivision _____ Lot # (4) # Bedrooms Proposed 56 Lot size Acres

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.
Septic Tank 1200 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 14-18 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.

Signature of Authorized Agent for Harnett County James E. Marshall Date 9-12-02