

#03-5-5559

HARNETT COUNTY HEALTH DEPARTMENT

No 15542

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 Anderson

New Installation Septic Tank

Property Location: SR# 1443 Lafayette Rd

Repairs Nitrification Line

Subdivision Vict Hills 3 Lot # 70

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 25,000 sq ft

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

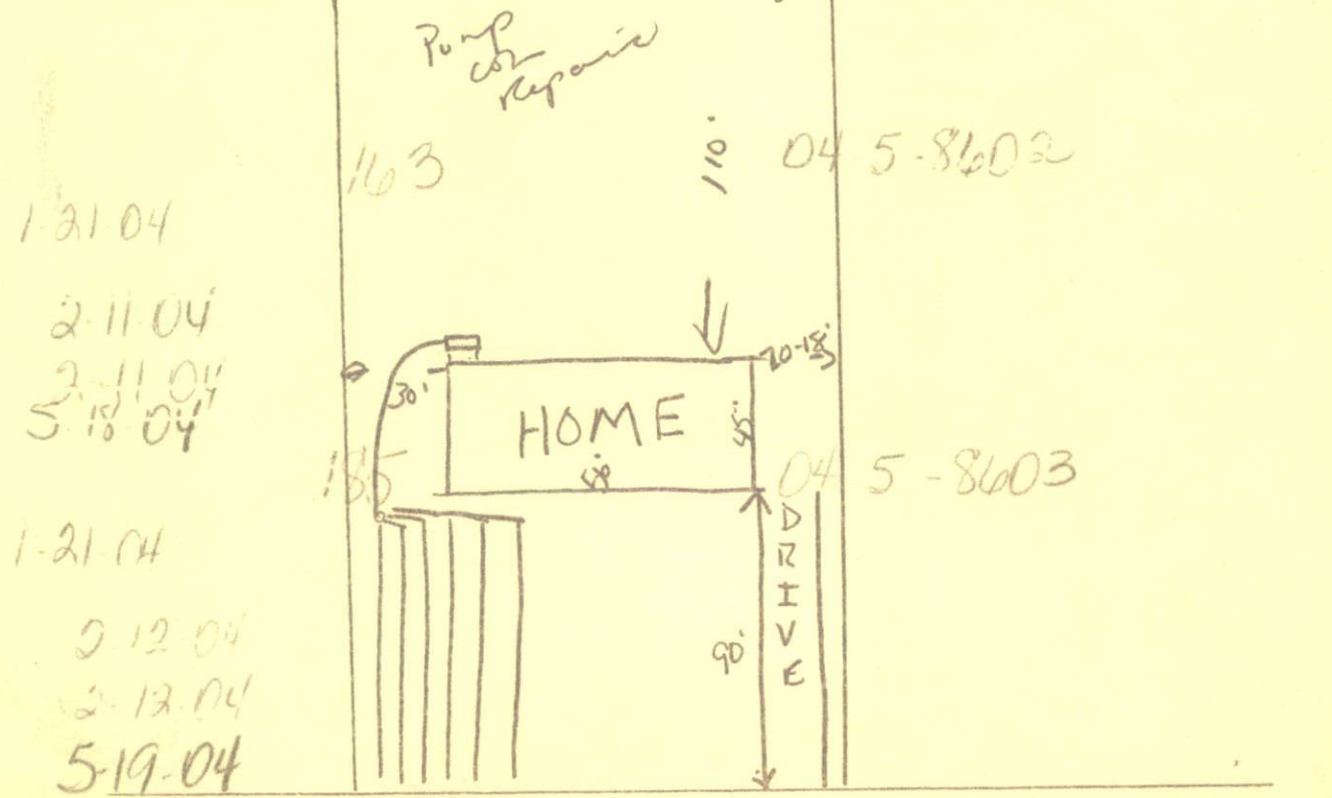
Subsurface No. of exact length width of depth of
Drainage Field ditches 6 of each ditch 60 ft. ditches 3 ft. ditches 42-48 in.

French Drain Required: - Linear feet

Date: 11-4-02

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

Signed: James E. Marshall Environmental Health Specialist



VICT HILLS DRIVE SOUTH

03-5-5559

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 15542. 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.

Michael Anderson Name Telephone # 919-552-1790

180 Woodland Ridge Drive F.V. N.C. 27526 Address

1443 Property Location SR# Lafayette Road Name

Vict Hills 3 Subdivision 70 Lot # 3 # Bedrooms Proposed 25,000 sq ft 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.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 6 Length of lines 60 Ft.

Width of ditches 3 ft. Depth of ditches 4248 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 C. Matthews Signature of Authorized Agent for Harnett County Date 11-4-02