

#03-5-5745

HARNETT COUNTY HEALTH DEPARTMENT

No 15549

IMPROVEMENT PERMIT

Replaces 15540

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) Cape Fear Builders

New Installation Septic Tank

Property Location: SR# 4215

Repairs Nitrification Line

Subdivision Myrtlewood Lot # 16

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .5+

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

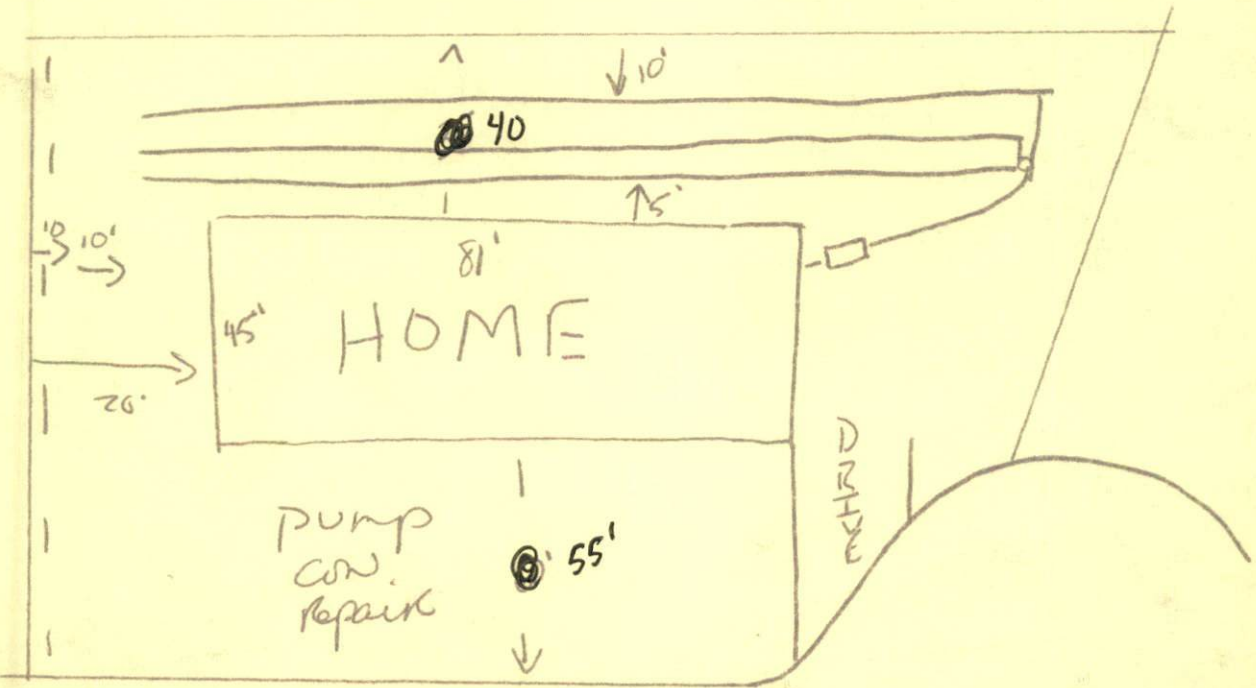
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 115 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: - Linear feet

Date: 11-15-02

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

Signed: James E. Montant
Environmental Health Specialist



GREEN FOREST CIRCLE

11-19-02 REV JM

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

#03-5-2145
5-5745

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 15548. 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 CAPE FEAR Builders Telephone # 910-814-2330
Address 1116 Tyseward Rd Lillington N.C. 27546
Property Location SR# 4215 Road Name 4215
Subdivision Mythwood Lot # 16 # Bedrooms Proposed 3 Lot size .5 +/-

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines
 Conventional Other _____ Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 115 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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. Manshart
Signature of Authorized Agent for Harnett County

11-19-02
11-1-02
Date