

#03-5-6425

HARNETT COUNTY HEALTH DEPARTMENT

No 18804

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) Clay WAYNE STEPHENSON New Installation Septic Tank
Property Location: SR# 1564 Maple Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1 acre

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 Pump to Conventional

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

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

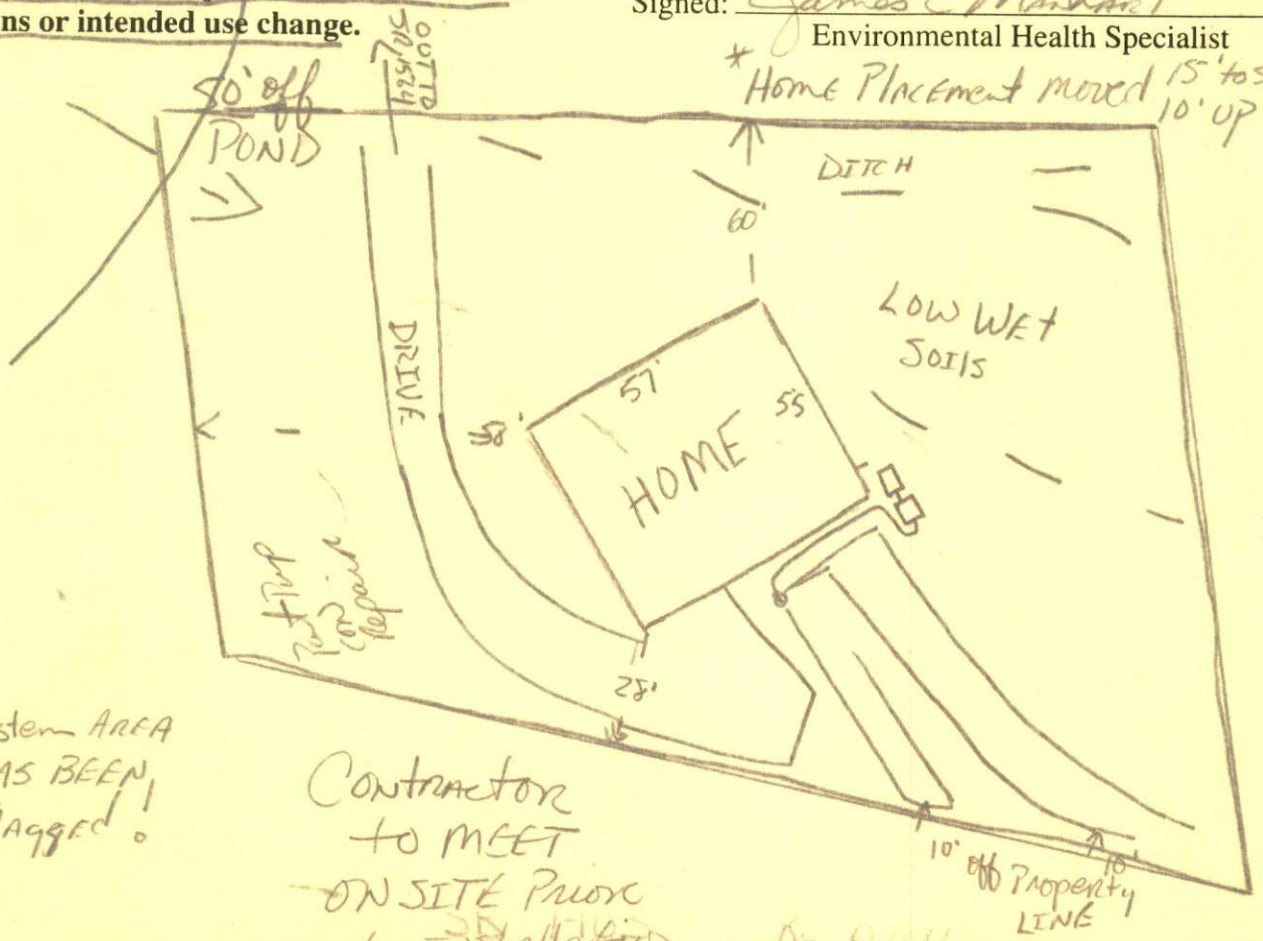
French Drain Required: - Linear feet

Date: 2-25-03

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

Signed: James E. Mandant Esq.
Environmental Health Specialist

* Home Placement moved 15' to side!
10' up.



* System AREA HAS BEEN FLAGGED.

Contractor to MEET ON SITE PRIOR to INSTALLATION

10' off Property LINE

#03-5-6425

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 # 18804. 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 Clay Wayne STEPHENSON Telephone# 910-897-8247

Address 694 Maple Rd Angier N.C. 27501

Property Location SR# 1564 Road Name Maple

Subdivision _____ Lot # 3 # Bedrooms Proposed 1 Lot Size 1 acre

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITIRFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 100 Ft.

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

2-26-03
Date