

HTE 03-5-7702

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) SPADA HOMES LLC New Installation Septic Tank
 Property Location: SR# 1435 TRIPP RD Repairs Nitrification Line

Subdivision PLANTATION AT VINEYARD GREEN Lot # 8

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: .646 AC

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 25% REDUCTION SYSTEM

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 12 in.

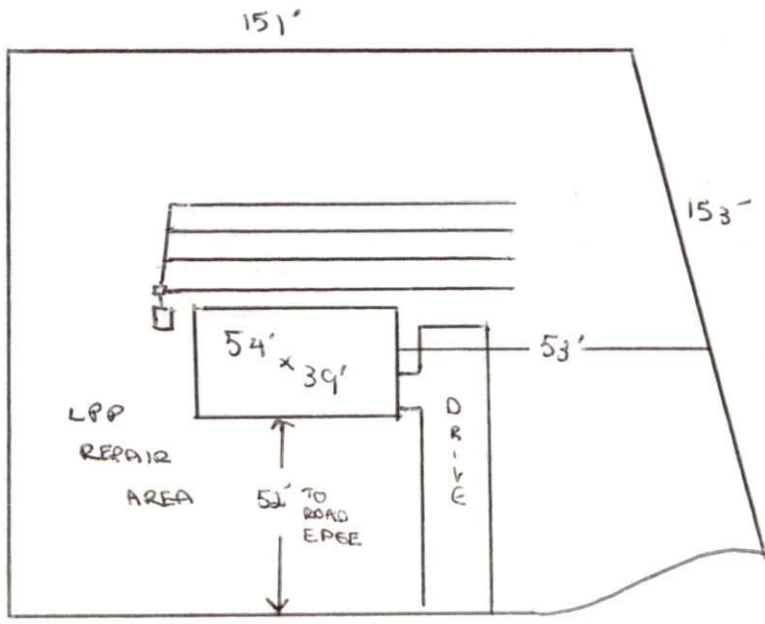
French Drain Required: _____ Linear feet

Date: 1/28/04

Signed: RS (OLIVER TOLKSDORF)
 Environmental Health Specialist

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

- * MAINTAIN ALL SETBACKS
- * SET TANK SHALLOW OR PUMP SYSTEM WILL BE REQUIRED
- * 6" OF COVER NEEDED OVER ENTIRE SYSTEM
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



HARRI T 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 # 21041. 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 SPADA HOMES LLC Telephone# 919-552-5239
Address 7124 ASHEWAY DR HOLLY SPRINGS NC 27540
Property Location SR# 1435 TRIPP RD Road Name _____
Subdivision PLANTATION @ VINEYARD GREEN Lot # 8 # Bedrooms Proposed 4 Lot Size .646 AC

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other 25% REDUCTION SYSTEM
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 75 Ft.
Width of ditches 3 ft. Depth of ditches 12 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.

RS
Signature of Authorized Agent for Harnett County of Harnett

1/28/04
Date