

HTE 04-5-8562

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) Craig Matthews New Installation Septic Tank
 Property Location: SR# Fred McLeod Lane Repairs Nitrification Line

Subdivision White Pines Lot # 18

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .61 Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min 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 100 ft. width of ditches 3 ft. depth of ditches 18-30 in.

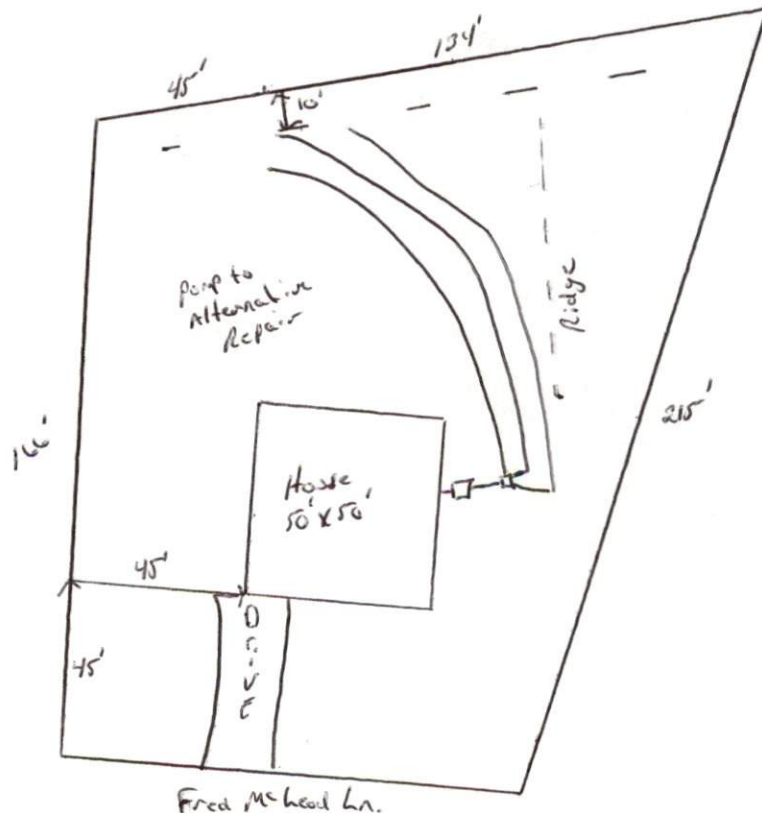
French Drain Required: _____ Linear feet

Date: 2/9/2004

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

Signed: Bryce McSwain
 Environmental Health Specialist

* Maintain all setbacks
 * Round ditches on contour



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 # 2112f. 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 Craig Matthews Telephone# 639-2411
Address 1281 Jackson King Rd. Willow Springs, N.C. 27592

Property Location SR# _____ Road Name Fred McLeod
Subdivision White Pines Lot # 18 # Bedrooms Proposed 3 Lot Size .61Ac

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 _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 100 Ft.
Width of ditches 3 ft. Depth of ditches 18-30 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 of Harnett Bryan M. Link Date 2/19/2004