

HTE 04-5-8672

IMPROVEMENT PERMIT

20683

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) Wayne Hames MidAtlantic

New Installation

Septic Tank

Property Location: SR# 1106

Repairs

Nitrification Line

Subdivision Cypress Wood Cypress Wood

Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (32 x 70) Lot Size: 7.83 AC

Basement with Plumbing:

Garage: NOTE Pump may not be required if plumbing is stubbed out

Water Supply: Well Public Community

Distance From Well: 100 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pumps ultra shallow

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

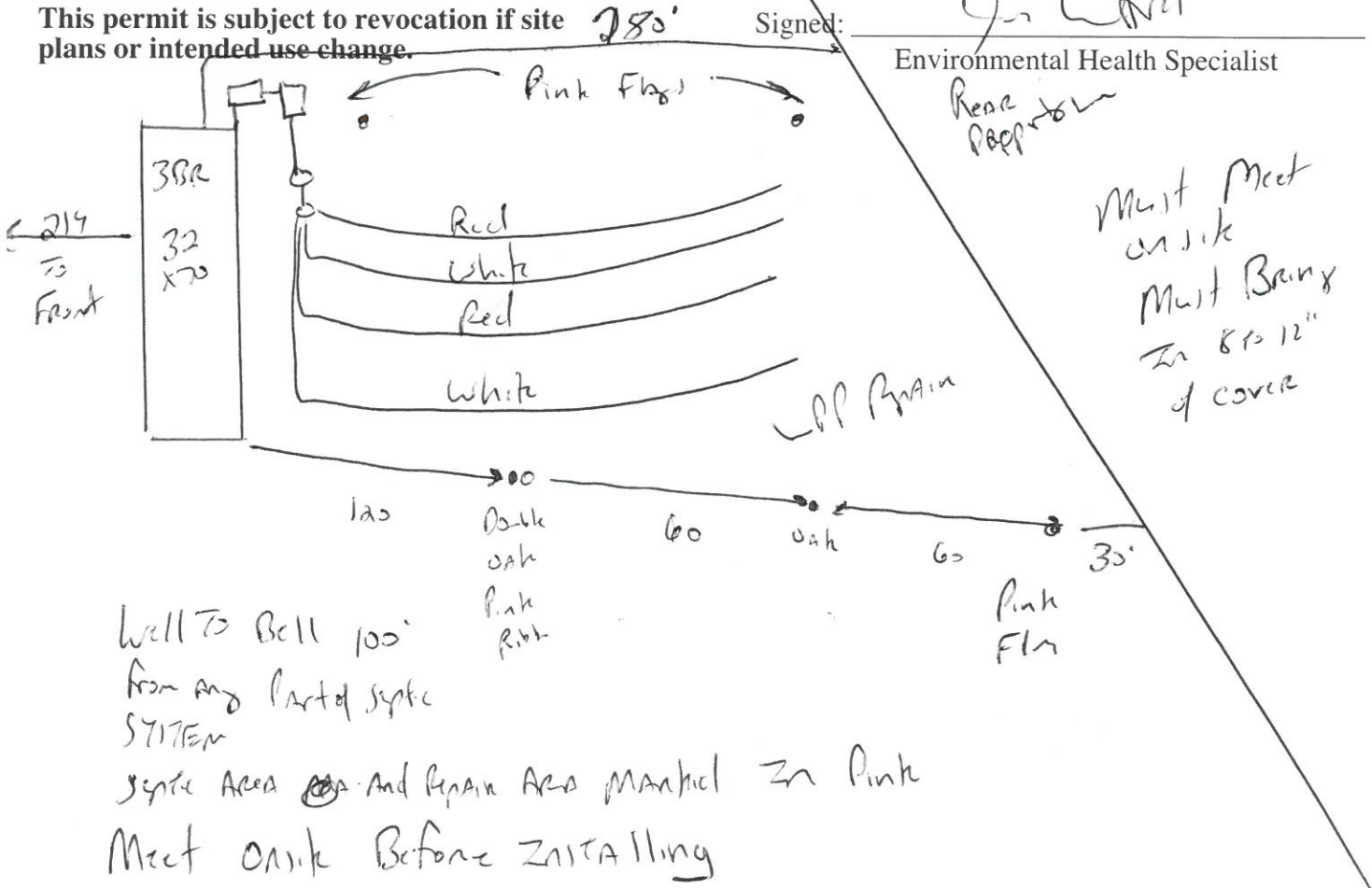
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 120 ft. width of ditches 3 ft. depth of ditches 12" x 18"

French Drain Required: _____ Linear feet

Date: 03-15-04

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

Signed: [Signature]
Environmental Health Specialist



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20687. 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.***

Wagne Homes Mid Atlantic
Name _____ Telephone # _____

Address _____

1106
Address _____
Property Location SR# _____ Road Name _____
Cypress Wood 3 3 (32x70) 7.83ac
Subdivision Lot # # Bedrooms Proposed Lot Size

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: 100 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 120 Ft.
Width of ditches 3 ft. Depth of ditches 12 + 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.

Joe W. J. S. R. S.
Signature of Authorized Agent for Harnett County

03-15-04
Date