

HTE 04-5-8927

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) BERNARD YOUNG New Installation Septic Tank
 Property Location: SR# 1563 BELL AVE Repairs Nitrification Line

Subdivision BRIDLEFIELD PH 4 Lot # 17

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .574 acre

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ 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

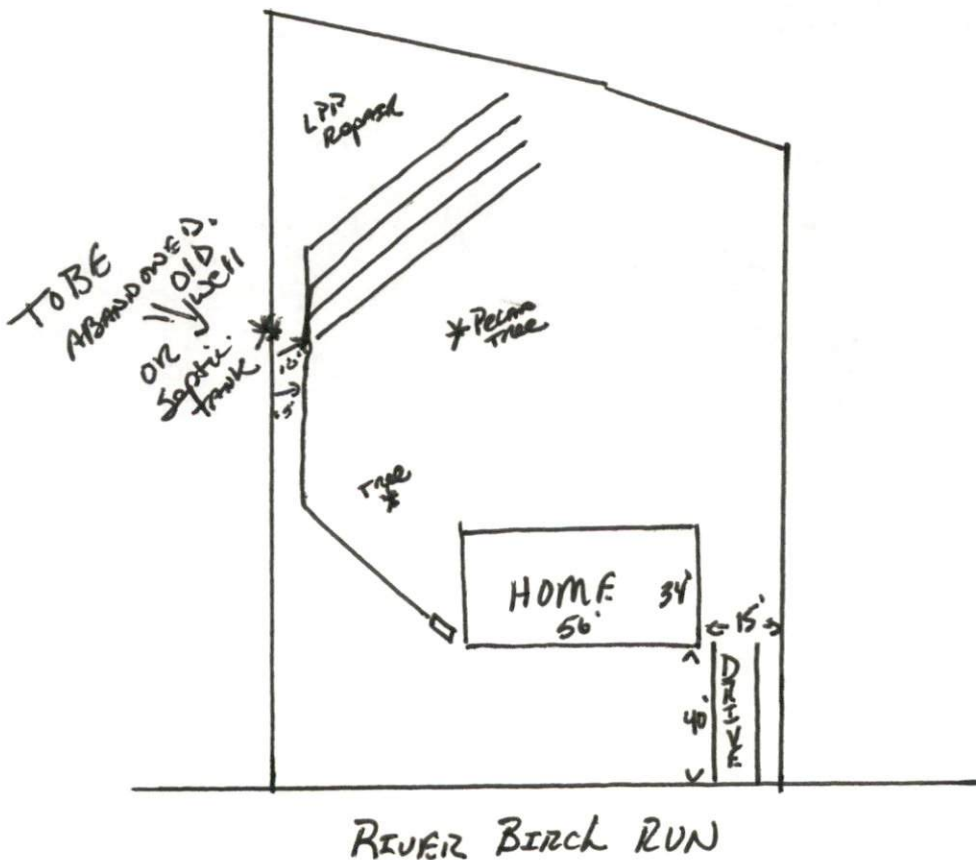
Subsurface No. of exact length width of depth of
 Drainage Field ditches 4 of each ditch 75 ft. ditches 3 ft. ditches 18-24 in.

French Drain Required: - Linear feet

Date: 3-22-04

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

Signed: James E. Marshall
 Environmental Health Specialist



HARNETT COUNTY DEPARTMENT OF PUB 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 # 20766. 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.*

Bernard Young Name 919-796-0565 Telephone #

3485 Johnston Co RD Angier N.C. 27501 Address

1563 Property Location SR# Bell Arroy Road Name

Birchfield Subdivision 17 Lot # 3 # Bedrooms Proposed .574 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: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 4 Length of lines 75' 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. Merchant
Signature of Authorized Agent for Harnett County

3-22-04
Date