

HTE 04-5-9354R

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) Hector # Martinez New Installation Septic Tank
Property Location: SR# 1418 REVERD "Charlotte" ST Repairs Nitrification Line

Subdivision Captains Landing Lot # 53
Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.53

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 _____

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

Subsurface Drainage Field No. of ditches 5 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18-22 in.

French Drain Required: - Linear feet

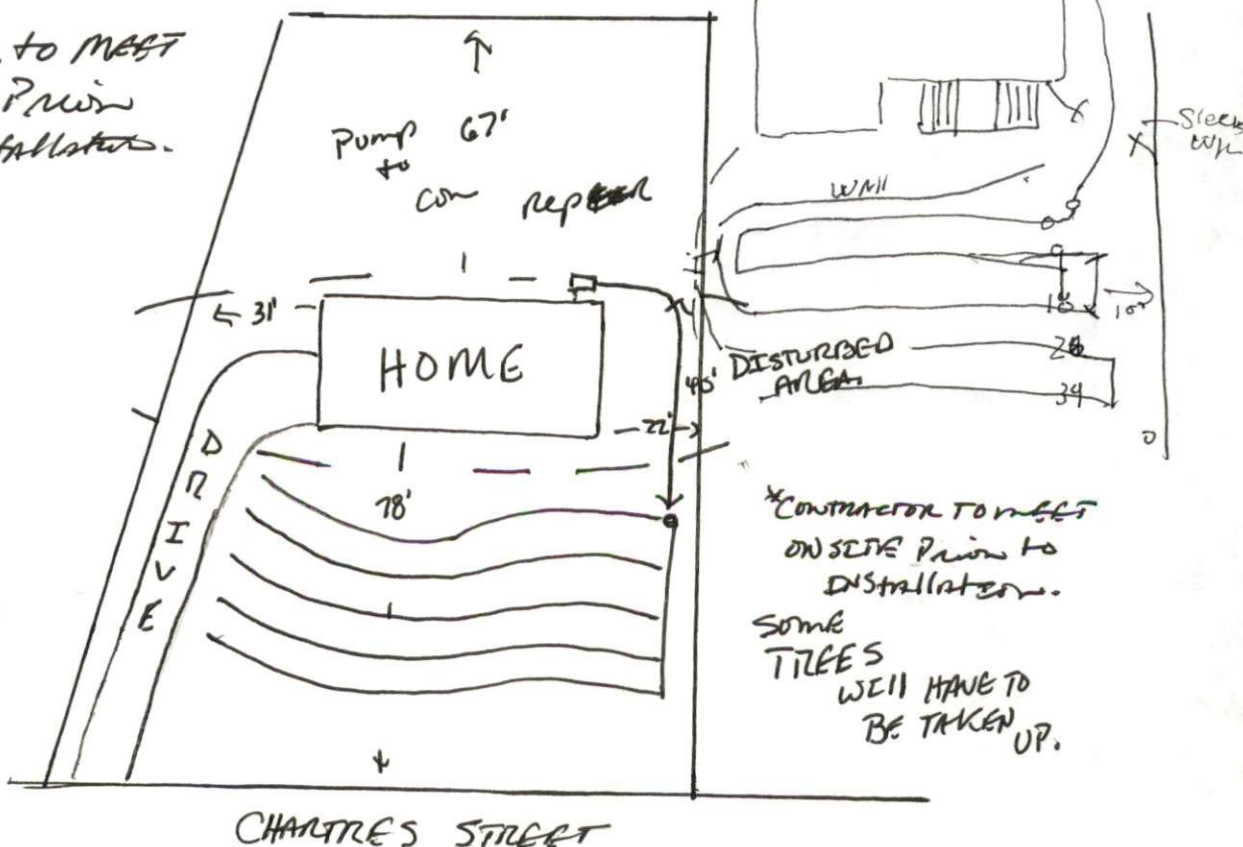
Date: 5-10-04

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

Signed: James E. Marshall
Environmental Health Specialist

* Contractor to meet on site prior to installation.

* RUN WATER LINE N&T TO DRIVEWAY.



* Contractor to meet on site prior to installation. SOME TREES WILL HAVE TO BE TAKEN UP.

04-5-935412

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 # 20797. 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.*

Hector H. Martinez Name 919-552-9769 Telephone #

211 West Street F.V. N.C. 27572 Address

1418 Property Location SR# REVERA RD Road Name

CAPTAINS LANDING 55 Subdivision Lot # 3 # Bedrooms Proposed .53 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 5 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 18-22 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 C. Monhart
Signature of Authorized Agent for Harnett County

5-10-04
Date