

HARNETT COUNTY HEALTH DEPARTMENT

No 17788

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) Danny Ray Steel New Installation Septic Tank
Property Location: SR# 1403 Kipling Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 Existing Lot Size: _____

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: Existing gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18.24 in.

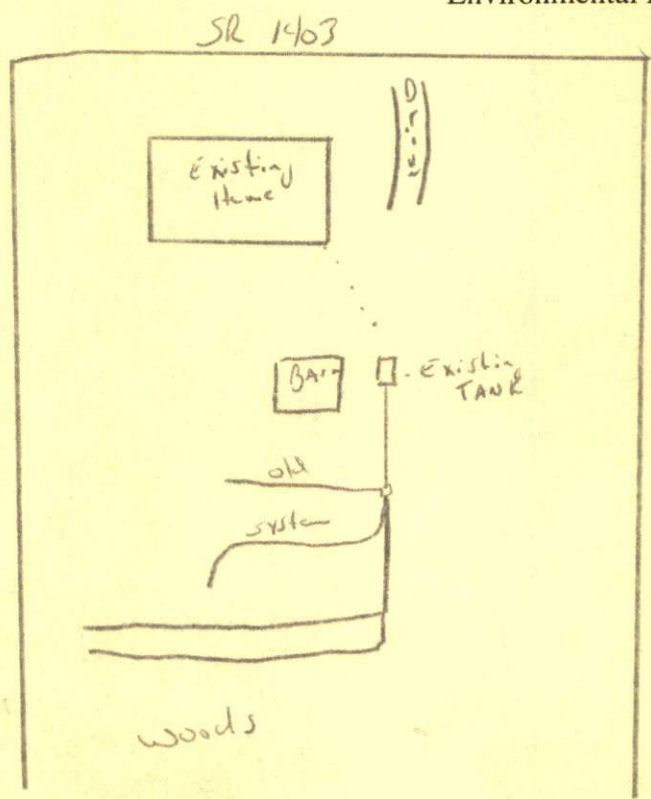
French Drain Required: _____ Linear feet

Date: 5/19/2000

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

Signed: Benjamin McJannet R.S.
Environmental Health Specialist

* Maintain setbacks
* Only a partial repair



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 # 17788. 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.

Owner or Authorized Agent _____

Name: Danny Steed Telephone # 919-552-3739

Address: 3100 Kipling Rd. Fuquay Varina NC 27526

Property Location: SR # 1403 Road Name Kipling

New Installation _____ Repair Septic Tank _____ Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 2 Existing Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well Public _____ Minimum Well Setback: 50 ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank Existing gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 100ft.

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.

Authorized Agent for Harnett County Health Department

Name: Danya M. Jones D.S. Date: 5/19/2000