

HTE REPAIR

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) COLLEEN JANSEN New Installation Septic Tank
Property Location: SR# 2027 JOSIE WILLIAMS RD Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 2.55 AC

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 25% REDUCTION

Size of tank: Septic Tank: EXIST. gallons Pump Tank: _____ gallons

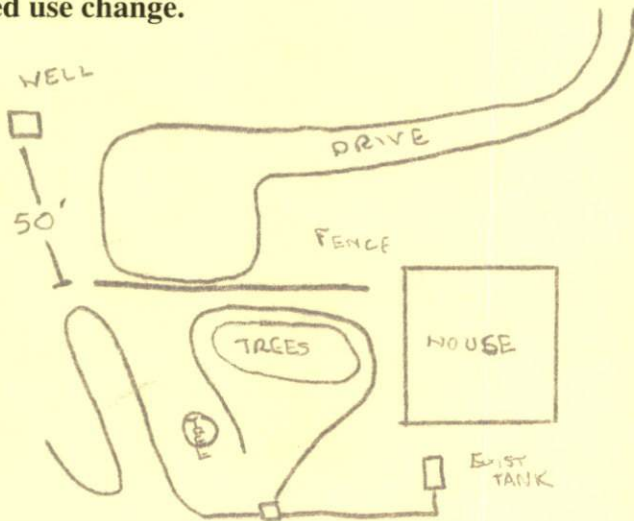
Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 140 ft. ditches 3 ft. ditches 28 MAX! in.

French Drain Required: _____ Linear feet

Date: 7/6/04

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

Signed: [Signature] Environmental Health Specialist



* MAINTAIN ALL SETBACKS
* CALL WITH ANY QUESTIONS
PRICE TO INSTALLATION

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 # 209114. 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.*

COLLEEN JANSEN 919-878-8987
Name Telephone #

3904 VALLEY STREAM DR. RALEIGH NC 27604
Address

2027 JOSIE WILLIAMS RD
Property Location SR# Road Name

4 255AC
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other 25% REDUCTION SYSTEM
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank EXISTING gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 140 Ft.

Width of ditches 3 ft. Depth of ditches 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] RS 7/6/04
Signature of Authorized Agent for Harnett County Date