

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) SAM STEED New Installation Septic Tank
Property Location: SR# 1418 River Rd Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 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 POLYSTYRENE AGGREGATE TRENCH

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

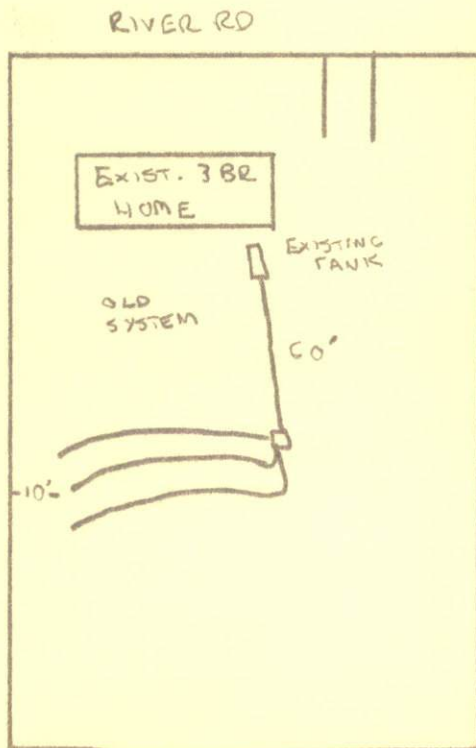
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 24 in.

French Drain Required: _____ Linear feet

Date: 9/26/03

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

Signed: [Signature] RS
Environmental Health Specialist



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 # 20235. 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.

Name SAM STEED Telephone# _____
Address 3704 RIVER RD FUQUAY-VARINA NC 27526
Property Location SR# 1418 RIVER RD Road Name _____
Subdivision _____ Lot # _____ # Bedrooms Proposed 3 Lot Size _____

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other POLYSTYRENE AGGREGATE TRENCH
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal
EXISTING

NITIRFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 75 Ft.
Width of ditches 3 ft. Depth of ditches 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.

[Signature] RS Signature of Authorized Agent for Harnett County of Harnett Date 9/26/03