

HTE# REPAIR

IMPROVEMENT PERMIT 22992

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) RONALD DUNGAN New Installation Septic Tank Repair

Property Location: SR# BILL SMITH RD Nitrification Line Expansion

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed : 3 (360 sq ft) Lot Size: 2 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 _____

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

Subsurface Drainage Field No. of ditches 4 ft. exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 24-36 in.

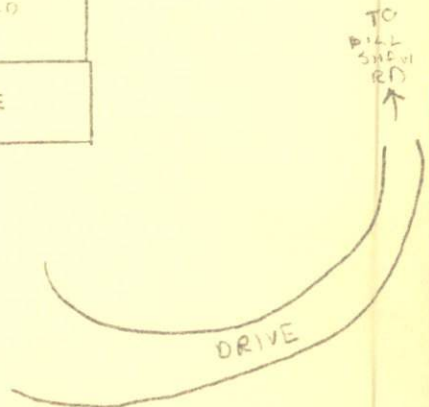
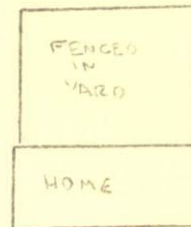
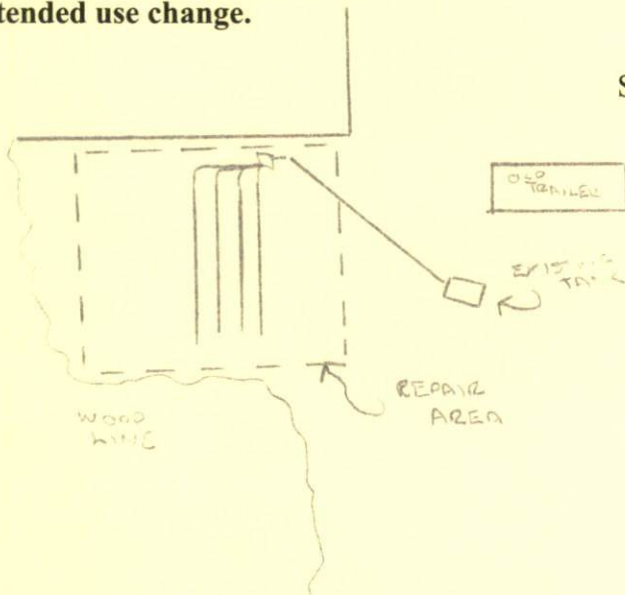
French Drain Required: _____ Linear feet

Date: 6/21/05

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature]
Environmental Health Specialist



* SYSTEM CAN BE INSTALLED ANYWHERE IN DESIGNATED AREA

* CALL WITH ANY QUESTIONS PRIOR 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 # 22992. 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 RONALD DUNCAN Telephone # 893-4912

Address 766 BILL SHAW RD SPRING LAKE NC 28390

Property Location SR# _____ Road Name BILL SHAW RD

Subdivision _____ Lot # _____ # Bedrooms 3 (360 sq ft) ~~Proposed~~ Lot Size 2 ac

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: 50 Ft.

Septic Tank EXISTING gal Pump Chamber _____ gal

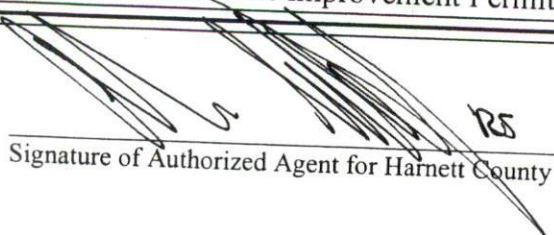
NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 24-36 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 of Authorized Agent for Harnett County

6/21/06
Date