

HARNETT COUNTY HEALTH DEPARTMENT

HTE# REPAIR

IMPROVEMENT PERMIT 22808

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 BETHUNE New Installation Septic Tank Repair
Property Location: SR# HWY401 Nitrification Line Expansion
Subdivision _____ Lot # _____
Tax ID# _____ Quadrant # _____
Number of Bedrooms ~~Proposed~~ : 2 (240 sqd) 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 4 ft. exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 20 in.

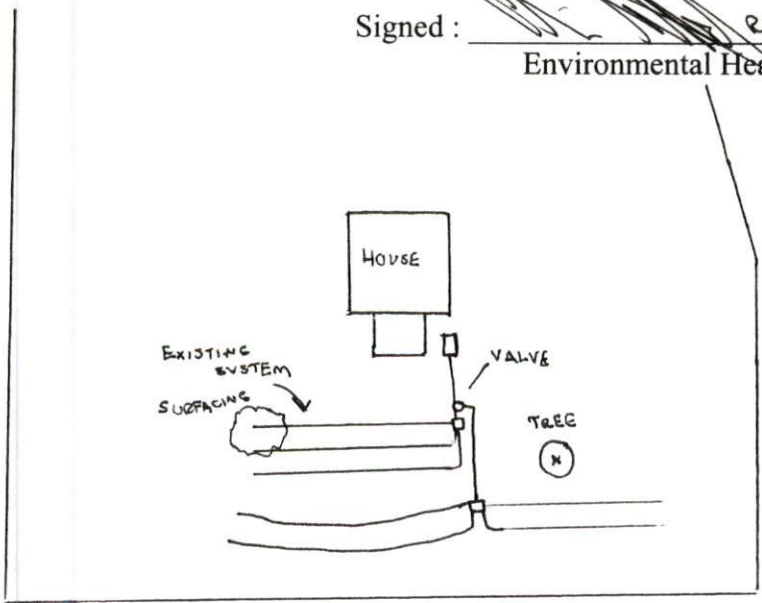
French Drain Required: _____ Linear feet

Date: 3/2/06
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

- * MAINTAIN ALL SETBACKS
- * INSTALL BULL VALVE TO ALLOW USE OF EITHER SYSTEM



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 # 22808. 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.*

DANNY BETIUNE 893-3412
Name Telephone #

3054 HWY 401 LILLINGTON NC 27546
Address

HWY 401
Property Location SR# Road Name

- - 2(240 gpd) 5.32AC
Subdivision Lot # # Bedrooms Proposed 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: 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 20 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.

RS
Signature of Authorized Agent for Harnett County

3/2/06
Date