HARN T COUNTY HEALTH DEPARTM

HTE_____

IMPROVEMENT PERMIT

20515

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) Jean K. Landreth ☐ New Installation ☐ Septic Tank

Property Location: SR# 1544 Guy Rd ☑ Repairs ☑ Nitrification Line

Subdivision_____ Lot # _____

Tax ID #_____ Quadrant # _____

Number of Bedrooms Proposed: 4 existing Lot Size: _____

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☑ Public ☐ Community

Distance From Well: 50 min ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☐ Conventional ☑ Other Bed System

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

Subsurface Drainage Field: No. of ditches 3; exact length of each ditch 60 ft.; width of ditches 6 ft.; depth of ditches 12+ in. MA

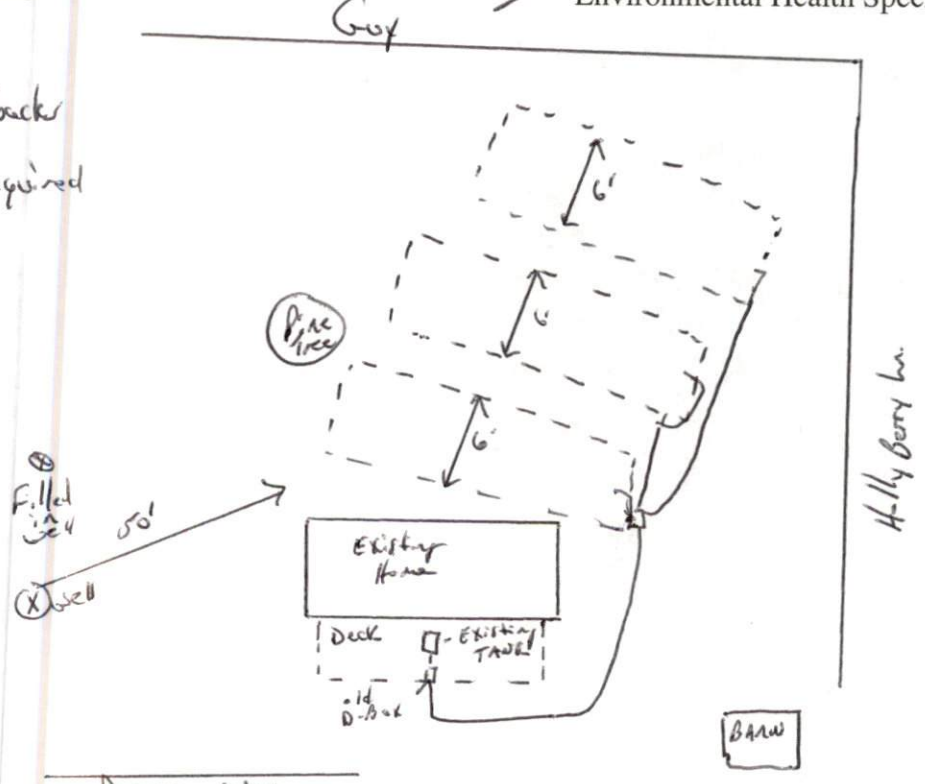
French Drain Required: _____ Linear feet

Date: 5/25/2004

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

Signed: Susan McSwain R.S.
Environmental Health Specialist

* Maintain all setbacks
* 6 inches of cover required over system



HARNETT C[illegible]NTY DEPARTMENT OF PUB[illegible]C HEALTH
AU[illegible] ORIZATION TO CONSTR[illegible]CT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20515. 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.***

Jean Landreth — 919 796. 6750
Name — Telephone #

17 Gemini La. Angier, N.C. 27501
Address

1544 — Guy
Property Location SR# — Road Name

Subdivision — Lot # — 4 exist.y # Bedrooms Proposed — Lot Size

TYPE OF SYSTEM

[ ] New Installation [-] Repair [ ] Septic Tank [-] Nitrification Lines

[ ] Conventional [-] Other Bed System

[ ] *Basement* [ ] *With Plumbing* [ ] *Without Plumbing*

Water Supply: [ ] Well [-] Public Water Supply Minimum Well Setback: 50 **Ft.**

Septic Tank Exist.g gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 60 **Ft.**

Width of ditches 6 ft. Depth of ditches 12-14 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 — 5/25/2004 Date