

00-40000/67

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) Brian Banney
Property Location: SR# 1120
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision:
Lot #:

Tax ID #: 01-0535-0100-21
Quadrant #: 0515-81-0218

Number of Bedrooms Proposed: THREE
Lot Size: 8.92 acres

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: 1000 gallons, Pump Tank:

Subsurface Drainage Field: No. of ditches 3, exact length of each ditch 100 ft., width of ditches 3 ft., depth of ditches 18 in.

French Drain Required: Linear feet

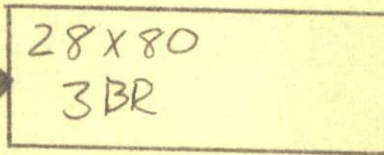
Date: 28 March 2000

Signed: Vincent R. Wolfe, Environmental Health Specialist

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

BORED WELL

90'



Conv. Repair

Conv. Repair

* Contractor meet on-site.
* Maintain all setbacks.

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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 # 17163. 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.

Owner or Authorized Agent _____

Name: Brian Barney Telephone # 893-3016

Address: 5048 Overhills Rd. Springlake, NC

Property Location: SR # 1120 Road Name Overhills

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: THREE Lot size: 8.92 acres

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well Public _____ Minimum Well Setback: 50 ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 100 feet

Width of ditches 3 ft. Depth of ditches 18 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.

Authorized Agent for Harnett County Health Department

Name: Vernest R. Duf Date: 27 March 2000