

00-40000359

HARNETT COUNTY HEALTH DEPARTMENT

No 17720

IMPROVEMENT PERMIT

011333

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) MARK CURRIN New Installation Septic Tank
Property Location: SR# NC 27 Repairs Nitrification Line

Subdivision LONE STAR Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (27x66) Lot Size: 1.15 ac

Basement with Plumbing: Garage: NOTE CHANGE IN house

Water Supply: Well Public Community Location

Distance From Well: 53 ft. MUST meet on site 5/2/00

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: _____ gallons

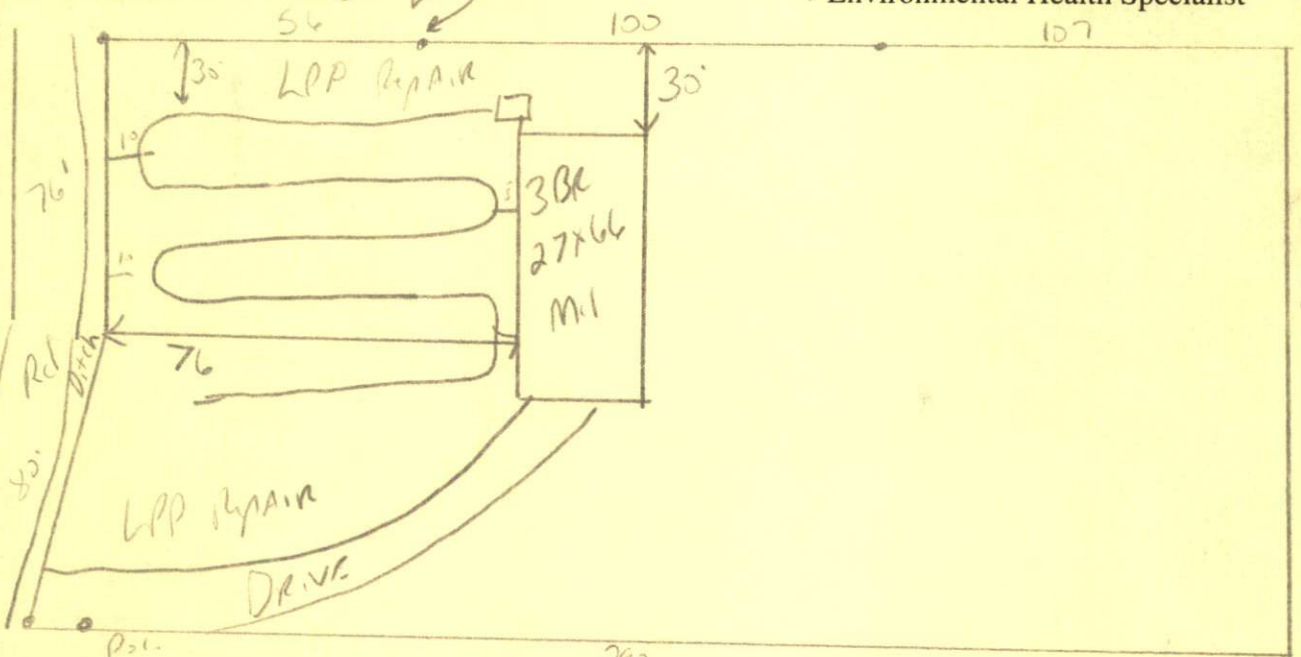
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in. max

French Drain Required: _____ Linear feet

Date: 03.27.2000

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

Signed: J. LISTRI
Environmental Health Specialist



NOTE Change In house Location - If house is not where shown on permit pump will be Required. Meet on site - Do not DRIVE OR Park on septic system 18" max Ditch Depth stub out Plumbing shall be

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 # 17720. 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 Mark Curran

Name: _____ Telephone # 893 4210

Address: 3867 Spangh. 11 Ch Rd Littleton NC

Property Location: SR # NC27 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision KOUSTAR Lot # 1

Number of Bedrooms Proposed: 3(27x66) Lot size: 1.15 Ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ 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 1 Length of lines 300

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: [Signature] Date: 3-27-2002