

00-40000397

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) Abel Swann New Installation Septic Tank
Property Location: SR# 1218 Big Branch Repairs Nitrification Line

Subdivision _____ Lot # _____
Tax ID # 03-9578-0099 Quadrant # 9578-65-2837
Number of Bedrooms Proposed: Three Lot Size: 9.75 acres

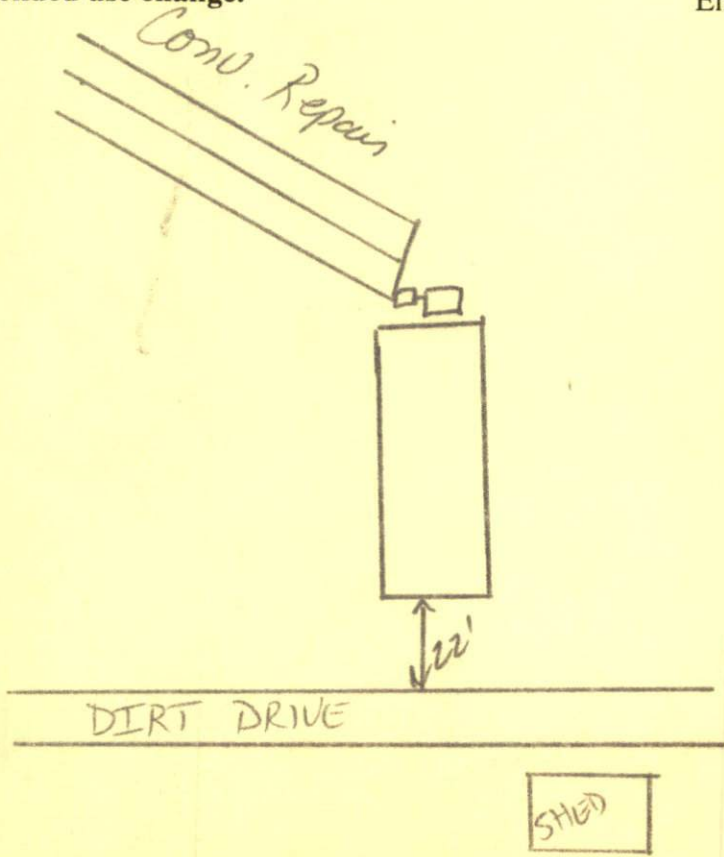
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 ft.

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: _____ gallons
Subsurface Drainage Field: No. of 3 exact length 100 width of 3 depth of 18 2/4
ditches of each ditch ft. ditches ft. ditches in.
French Drain Required: _____ Linear feet

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

Date: 26 April 2009
Signed: Clement R. Cook
Environmental Health Specialist



EXISTING HOME

00-40000397

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 # 17194. 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: Abel Swann Telephone # (919) 499-6762

Address: 1347 Big Branch Rd. Sanford, NC

Property Location: SR # 128 Road Name Big Branch

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: Three Lot size: _____

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 18-24 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: Vernert R. [Signature] Date: 26 April 2000