

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) KEVIN + Rebecca LUNES☒ New Installation☒ Septic TankProperty Location: SR# 1448 ATKINS ROAD☐ Repairs☒ Nitrification LineSubdivision _____ Lot # Tract 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 4.54Basement with Plumbing: ☐Garage: ☒Water Supply: ☐ Well ☒ Public ☐ CommunityDistance 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: _____ gallonsSubsurface Drainage Field No. of ditches 3 exact length of each ditch 115 ft. width of ditches 3 ft. depth of ditches 18-20 in. ^{max}

French Drain Required: _____ Linear feet

Date: 5-5-00

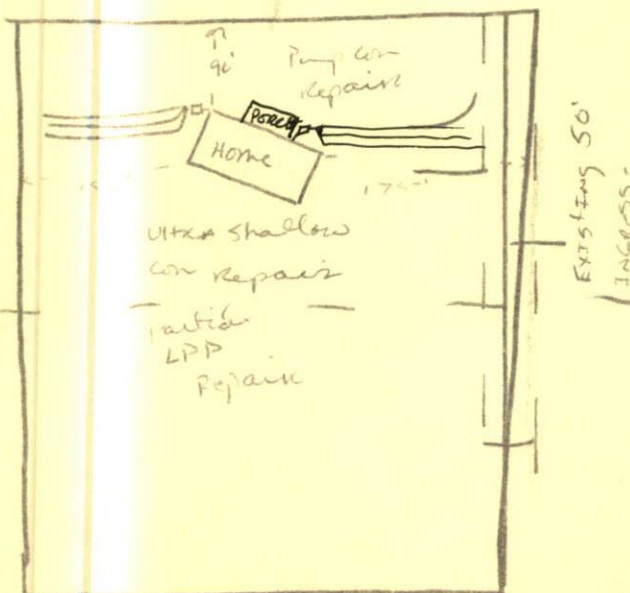
This permit is subject to revocation if site plans or intended use change.

Signed: James E. Montfort R.H.S.

Environmental Health Specialist

Permit
change* Maintain all
 setbacks!

CROSSING PATH

* STUB Plumbing
OUT ~~50'~~ High
in corner where
septic system is
to be located!

60-011592

HAF IT COUNTY HEALTH DEPAR NT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17125. 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: KEVIN + Rebecca FNNES Telephone # 635-7361

Address: 72 LORRAINE CT Angier N.C. 27501

Property Location: SR # 1448 Road Name ATKENS

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☐

Subdivision _____ Lot # Tract 2

Number of Bedrooms Proposed: 3 Lot size: 4.54

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 2 Number of Lines per Field 3 Length of lines 115

Width of ditches 3 ft. Depth of ditches 18-20 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.

Authorized Agent for Harnett County Health Department

Name: James E. Markant RWS. Date: 5-5-00