

00-40000569

IMPROVEMENT PERM.

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) Floyd Construction

New Installation Septic Tank

Property Location: SR# 1120

Repairs Nitrification Line

Subdivision Whisper Creek Lot # ~~35~~ 35

Tax ID # _____ Quadrant # 5

Number of Bedrooms Proposed: Three Lot Size: _____

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

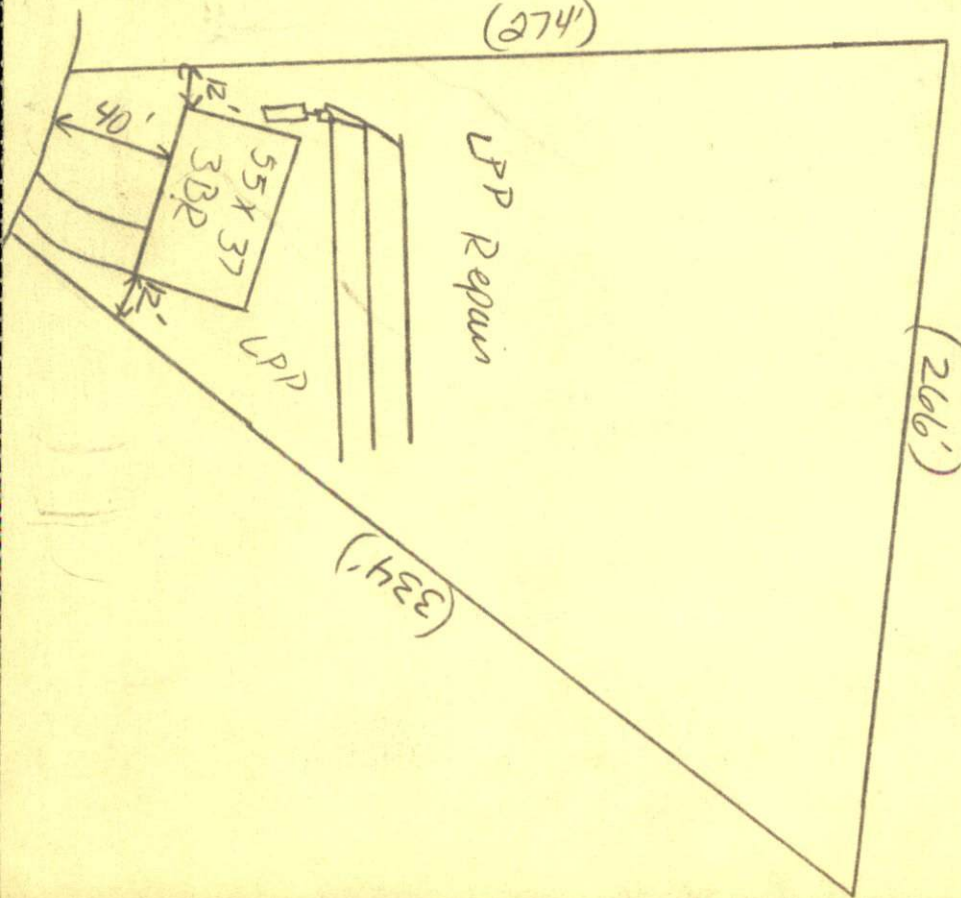
Subsurface Drainage Field No. of 3 exact length 100 width of 3 depth of 18" ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain Required: _____ Linear feet

Date: 07 July 2009

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

Signed: Vernest R. Dodge
Environmental Health Specialist



*system laid out
*maintain setbacks

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # _____ . 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: Floyd Construction Telephone # 423-6700
Address: 5416 Raeford Rd Fay. NC
Property Location: SR # 1120 Road Name Overhill
New Installation Repair _____ Septic Tank Nitrification Lines
Subdivision Whisper Creek Lot # 33 35
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 max 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. Dodge Date: 07 July 2000