

IMPROVEMENT PERMIT

03-5-6855

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) Michael Anderson

New Installation Septic Tank

Property Location: SR# NC 27

Repairs Nitrification Line

Ballard Road

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 (14x70) Lot Size: 2.44 ac

Basement with Plumbing: Garage: NOTE Change Zn house location

Water Supply: Well Public Community

Distance From Well: _____ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to Conventional

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 3 exact length 80 width of 3 depth of 18 MAX of each ditch 80 ft. ditches 3 ft. ditches 18 in.

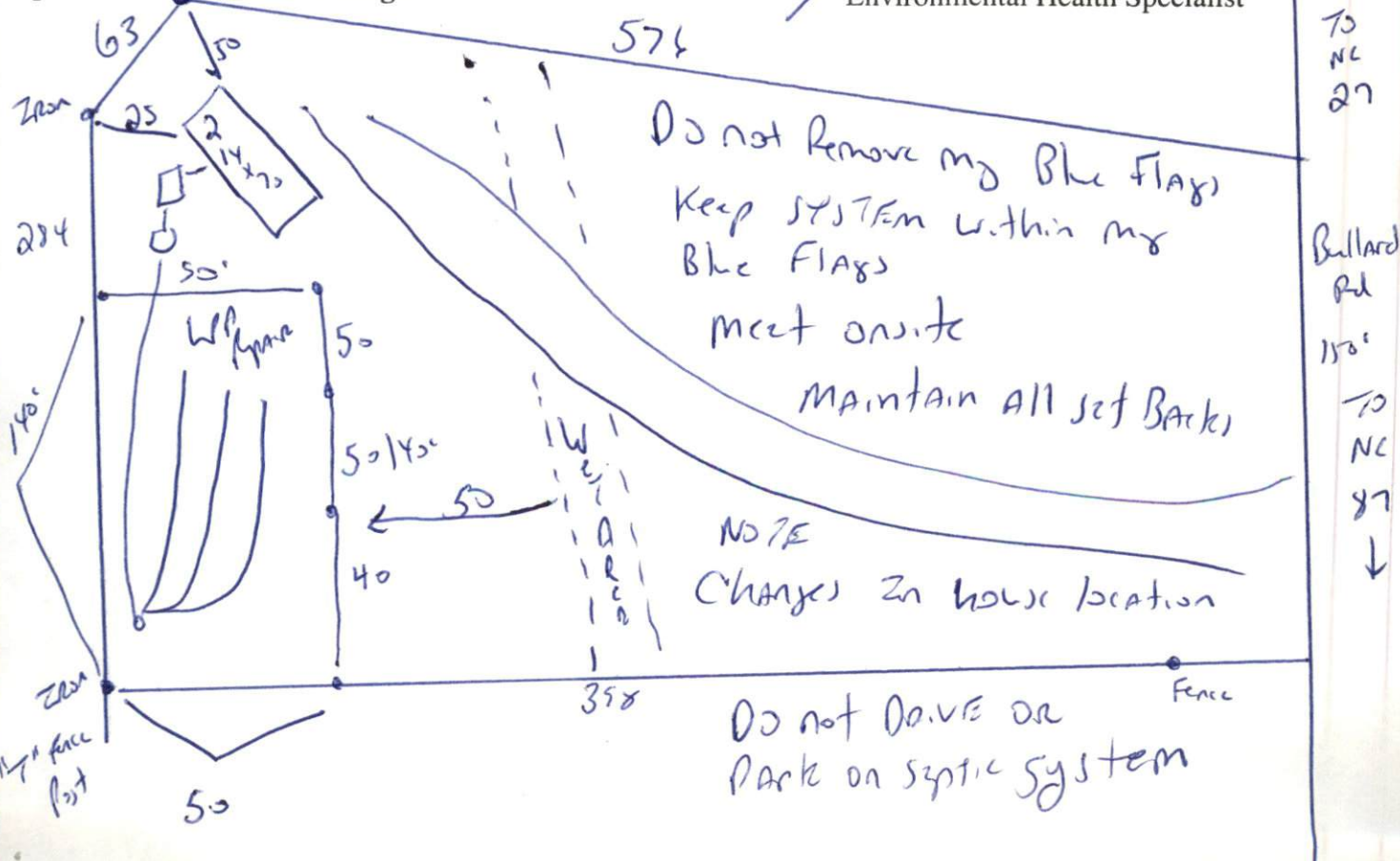
French Drain Required: _____ Linear feet

Pond

Date: 04-25-03

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

Signed: [Signature] Environmental Health Specialist



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 # 20018. 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.

Name Michael Anderson Telephone# 718-9550

Address Bullard M

Property Location SR# _____ Road Name _____
Subdivision _____ Lot # _____ # Bedrooms Proposed 2 (14x70) Lot Size 2.44

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other Pump to Conv.
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 80 Ft.
Width of ditches 3 ft. Depth of ditches 18 mat 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.

Signature of Authorized Agent for Harnett County of Harnett [Signature] Date 04-25-07