

IMPROVEMENT PERMIT

03-5-7096

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) Thomas Lasater

New Installation

Septic Tank

Property Location: SR# NC 27

Repairs

Nitrification Line

Subdivision Lake View

Lot # 5

Tax ID #

Quadrant #

Number of Bedrooms Proposed: 2 (14x70)

Lot Size: .93ac

Basement with Plumbing:

Garage:

Note change in Drive location

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 ditches 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 18 MAX in.

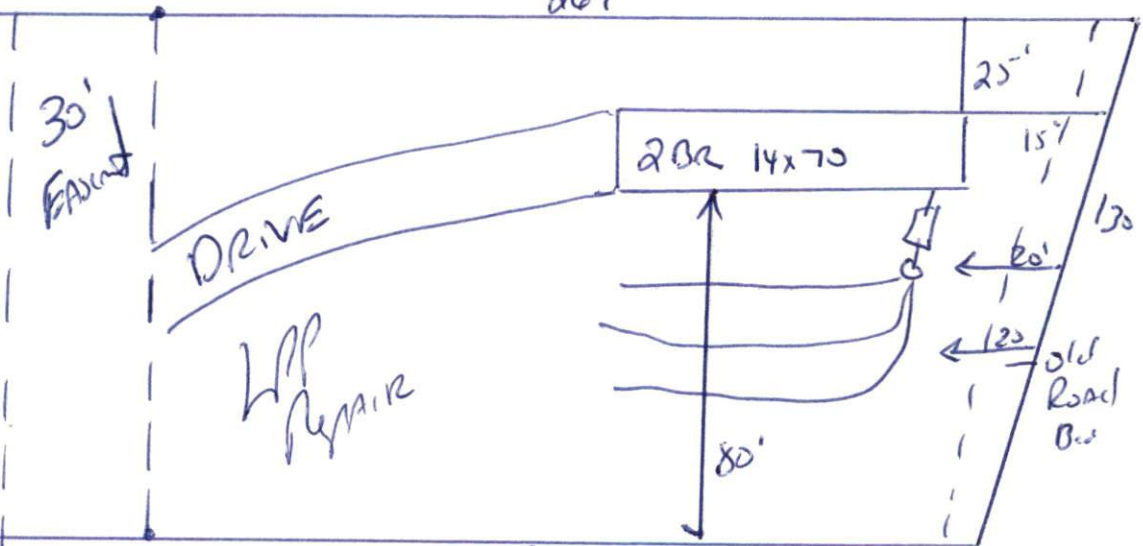
French Drain Required: _____ Linear feet

Date: 5-22-07

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

Signed: 269

Environmental Health Specialist



Must meet on-site maintain All set Backs Do not Drive or Park on septic system

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 # 19408. 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.

Thomas Kater 499-6935
Name Telephone#

Address

NC 27

Property Location SR# Road Name

Lakefield

S

2 (14x70)

.93Ac

Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 70 Ft.

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.

[Signature]
Signature of Authorized Agent for Harnett County of Harnett

5.22.27
Date