HARNETT COUNTY HEALTH DEPARTMENT

HTE 04-5-9005

IMPROVEMENT PERMIT

20735

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) Tim Huff ☒ New Installation ☒ Septic Tank

Property Location: SR# 2045 Elliott Bridge Rd ☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 Lot Size: 7.70 Ac.

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 Pump To Conventional

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

Subsurface Drainage Field: No. of ditches 1; exact length of each ditch 100 ft.; width of ditches 3 ft.; depth of ditches 30 in.

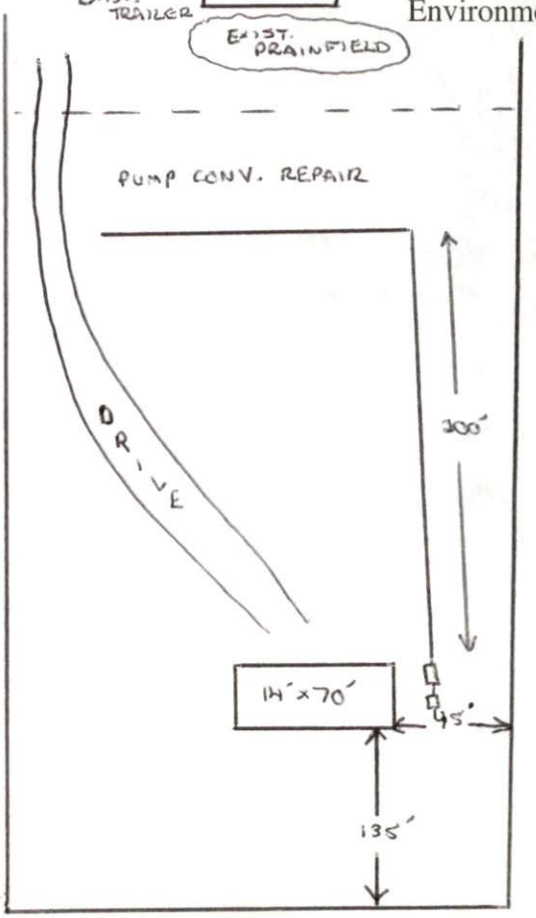
French Drain Required: _____ Linear feet

Date: 3/31/04

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

Signed: [redacted] RS (Oliver Tolksdorf)

Environmental Health Specialist



* MAINTAIN ALL SETBACKS
* DRAIN LINE FLAGGED OUT.
* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

HARNETT C NTY DEPARTMENT OF PUI C HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20735. 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.

Tim Huff — [redacted] 436-5185
Name — Telephone #

7317 Elliott Bridge Rd Spring Lake NC 28390
Address

2045 Elliott Bridge Rd
Property Location SR# — Road Name

Subdivision — Lot # — 2 # Bedrooms Proposed — 7.70 AC Lot Size

TYPE OF SYSTEM

[X] New Installation [ ] Repair [X] Septic Tank [X] Nitrification Lines

[ ] Conventional [X] Other Pump To Conventional

[ ] *Basement* [ ] *With Plumbing* [ ] *Without Plumbing*

Water Supply: [ ] Well [X] 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 1 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 30 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.

RS — 3/31/04
Signature of Authorized Agent for Harnett County — Date