

HTE 04-5-9886

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) REGINALD O STROUD New Installation Septic Tank
 Property Location: SR# NC 27 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.44 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 _____

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

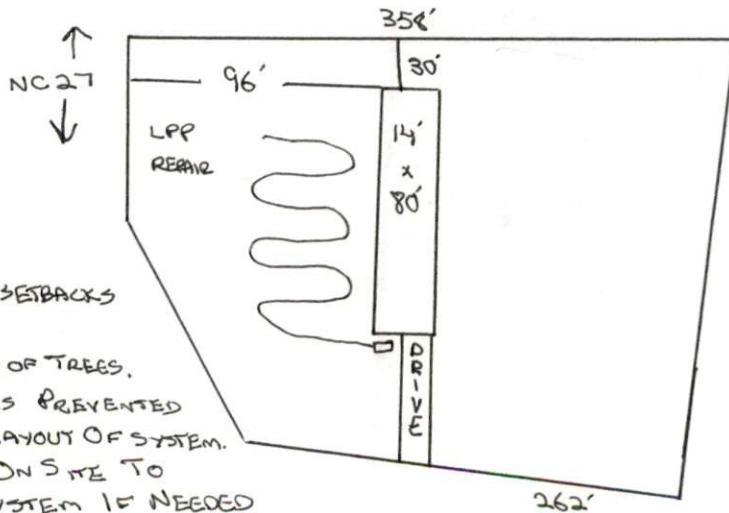
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 24-30 in.

French Drain Required: _____ Linear feet

Date: 7/27/04

Signed: [Signature] ES OLIVER TOLKSOOF
 Environmental Health Specialist

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



* MAINTAIN ALL SETBACKS
 * SITE CLEARED OF TREES. TREE DEBRIS PREVENTED COMPLETE LAYOUT OF SYSTEM. WILL MEET ON SITE TO LAYOUT SYSTEM IF NEEDED

HARNETT COUNTY DEPARTMENT OF PUB. HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20939. 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.*

REGINALD OSTROUD 919-353-1355
Name Telephone #

PO Box 862 BROADWAY NC 27505
Address

NC27 _____
Property Location SR# Road Name

Subdivision _____ Lot # 3 # Bedrooms Proposed _____ Lot Size 1.44 AC

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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 24-30 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.

[Signature] RS
Signature of Authorized Agent for Harnett County

7/21/04
Date