

HTE 04-50010785

IMPROVEMENT PERMIT

21468

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) David Poindexter
Property Location: SR# 1106 Hillman Grove Rd
New Installation [checked] Septic Tank [checked]
Repairs [unchecked] Nitrification Line [checked]

Subdivision White Water Estates Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 (14x70) Lot Size: 4.29 ac

Basement with Plumbing: [unchecked] Garage: [unchecked]

Water Supply: [unchecked] Well [checked] Public [unchecked] Community [unchecked]

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: [checked] Conventional [unchecked] Other _____

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 160 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

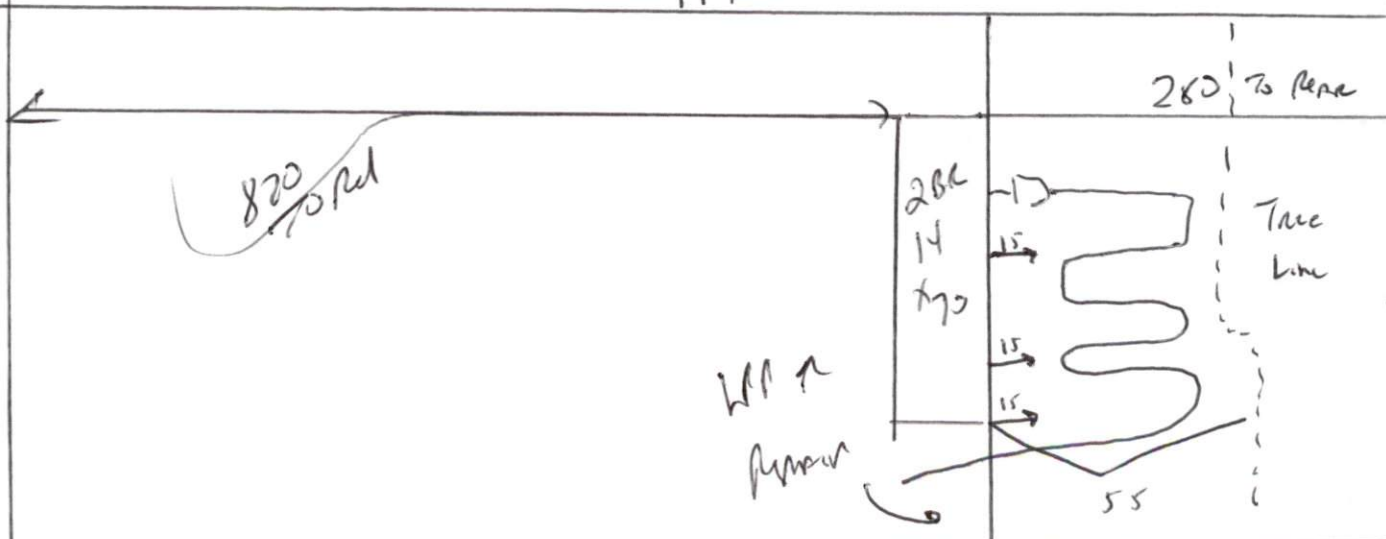
Date: 12-01-04

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

Signed: [Signature] Environmental Health Specialist

1193

SR 1106 200'



Keep drain lines 15' from home as owner requested
Maintain all setbacks meet on site for layout
Home owner said tree chips ok

HARNETT COUNTY DEPARTMENT OF PUBLIC 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 # 2146Y. 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.*

David Pondexter
Name _____ Telephone # _____

Address _____

1106
Property Location SR# _____ Road Name _____
Whitewater Ed. 4 2(NH701) 4.29m
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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 160 Ft.

Width of ditches 3 ft. Depth of ditches 18.24 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.

Joe West RS
Signature of Authorized Agent for Harnett County

12-01-04
Date