

HARNETT COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT

21480

HTE 0450010839R
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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 Irwin New Installation Septic Tank
 Property Location: SR# 1141 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x68) Lot Size: 10.00 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

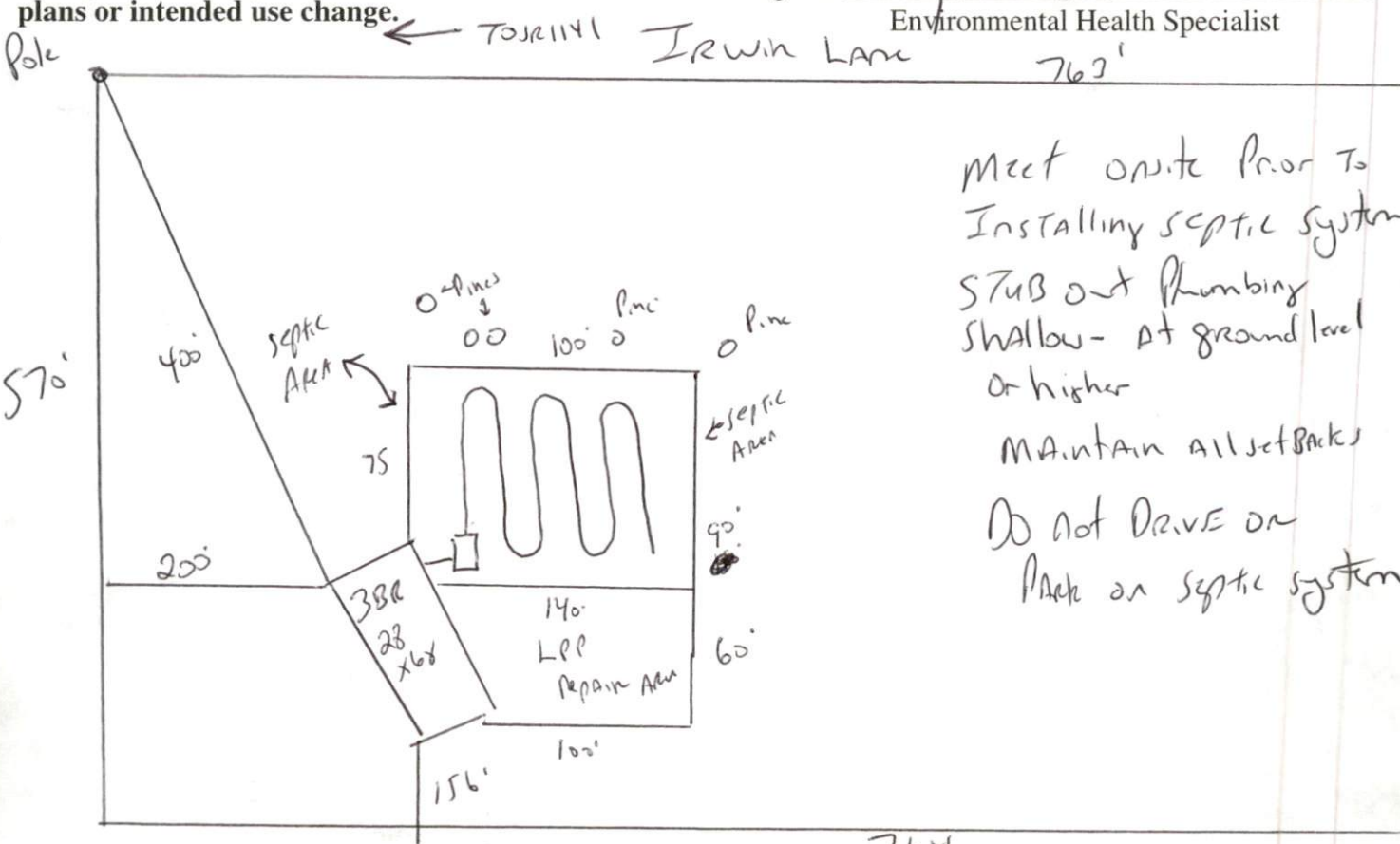
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18 1/2 in.

French Drain Required: _____ Linear feet

Date: 12-14-04

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

Signed: [Signature]
 Environmental Health Specialist



Meet on site prior to installing septic system
 STUB out plumbing shallow - at ground level or higher
 MAINTAIN all setbacks
 DO NOT DRIVE OR PARK on septic system

DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby give _____ construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21480. 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 Iawn
Name _____ Telephone # _____

Address _____

1141
Property Location SR# _____ Road Name _____

Subdivision _____ Lot # _____ # Bedrooms Proposed 3(28x68) Lot Size 10.00 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 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 _____ 12-14-04
Signature of Authorized Agent for Harnett County _____ Date _____