

HTE 0550011707R

IMPROVEMENT PERMIT

21759

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." (Andrea S. Klein)

Name: (owner) Orlando S. + Gerda A. Sanchez
Property Location: SR# 1229 McDougald Rd
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision _____ Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 BR Lot Size: .99 A

Basement with Plumbing: [] Garage: []

Water Supply: [] Well [X] 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: [X] 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 18-24 in.

French Drain Required: _____ Linear feet

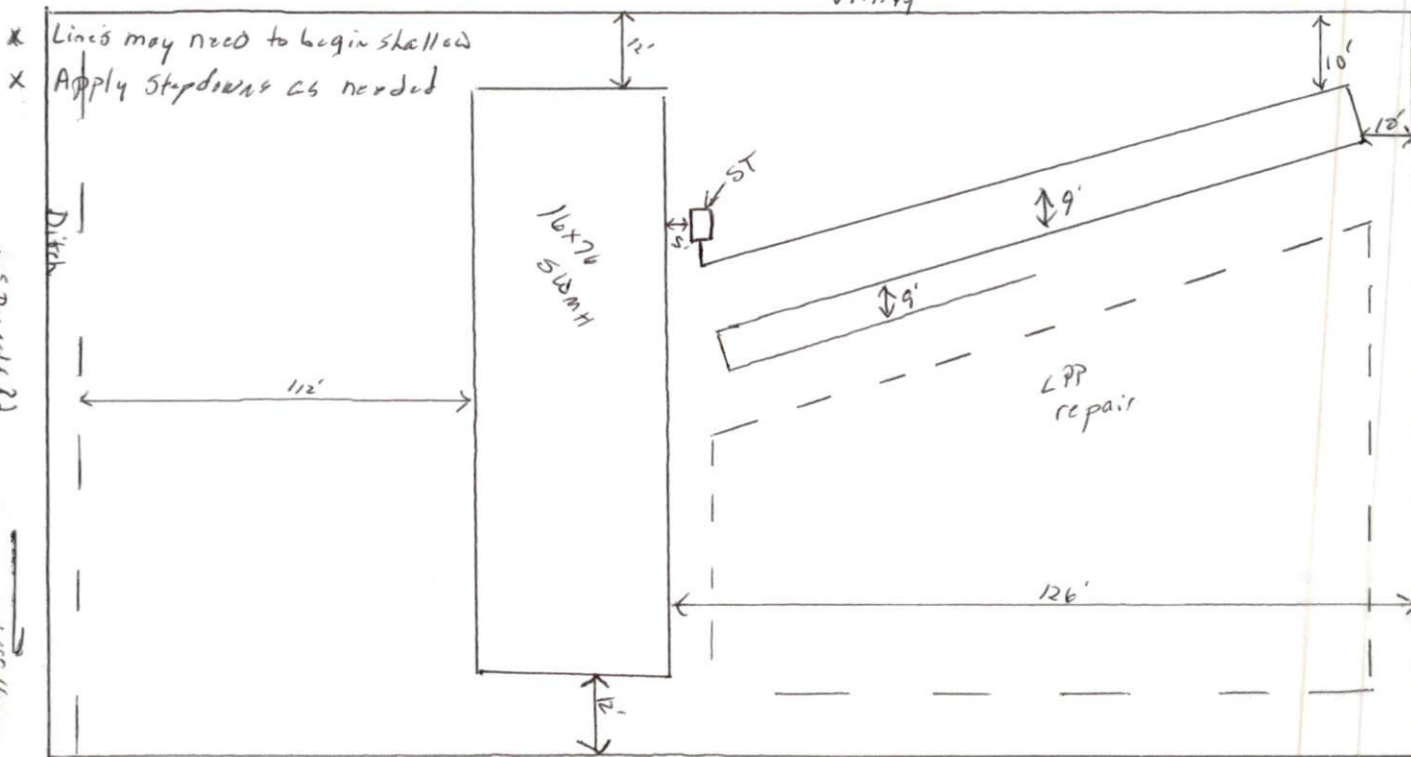
Date: 6-3-05

Signed: Heath C. Environmental Health Specialist

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

- * Maintain all setbacks
* Follow contour of lot to install lines

Proposed 60' Ingress Egress, Repairs Utility



McDougald Rd
To old US Hwy 421

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 # 21759. 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.*

Name Orlendo S. + Gerda A. Sanchez (Andrea S. Klein) (919) 499-2287 Telephone #

Address 9720 McDougald Rd Broadway NC 27505

Property Location SR# 1229 Road Name McDougald

Subdivision _____ Lot # 3 # Bedrooms Proposed 3 BR Lot Size .99 A

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.

Signature of Authorized Agent for Harnett County Heath C.

Date 6-3-05