

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05-50013767

IMPROVEMENT PERMIT 22476

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) TOMY McNEILL New Installation [X] Septic Tank [X] Repair []
Property Location: SR# Nitrification Line [X] Expansion []
Subdivision PEACH FARM ESTATES Lot # 48
Tax ID# Quadrant #
Number of Bedrooms Proposed: 3 (360 gpd) Lot Size: .69

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 No. of 6 exact length width of depth of
Drainage Field ditches 34 ft. of each ditch 75 ft. ditches 3 ft. ditches 18 in.

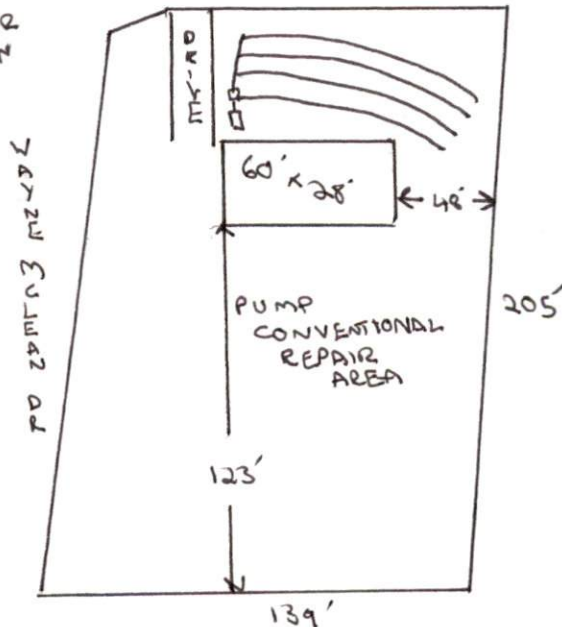
French Drain Required: Linear feet

Date: 1/13/06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature] ES (OLIVER TOLKSON)
Environmental Health Specialist

*MAINTAIN ALL SETBACKS
*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



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 # 22476. 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.*

Tomy McNeill Name 919-775-3600 Telephone #

2516 JEFFERSON DAVIS HWY SANFORD NC 27330 Address

Property Location SR# _____ Road Name _____
PERNOT FARM EST Subdivision 48 Lot # 3 (360 sq ft) # Bedrooms Proposed .69 AC 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 4 Length of lines 75 Ft.
Width of ditches 3 ft. Depth of ditches 18 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 1/13/06 Date