

#01-50001589

HARNETT COUNTY HEALTH DEPARTMENT

No 18408

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) Paradise Homes
Property Location: SR# 1532 Langdon
New Installation
Septic Tank
Repairs
Nitrification Line

Subdivision _____ Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 4 Acres

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: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 115 ft. width of ditches 3 ft. depth of ditches 16 max in.

French Drain Required: _____ Linear feet

Date: 4-19-01

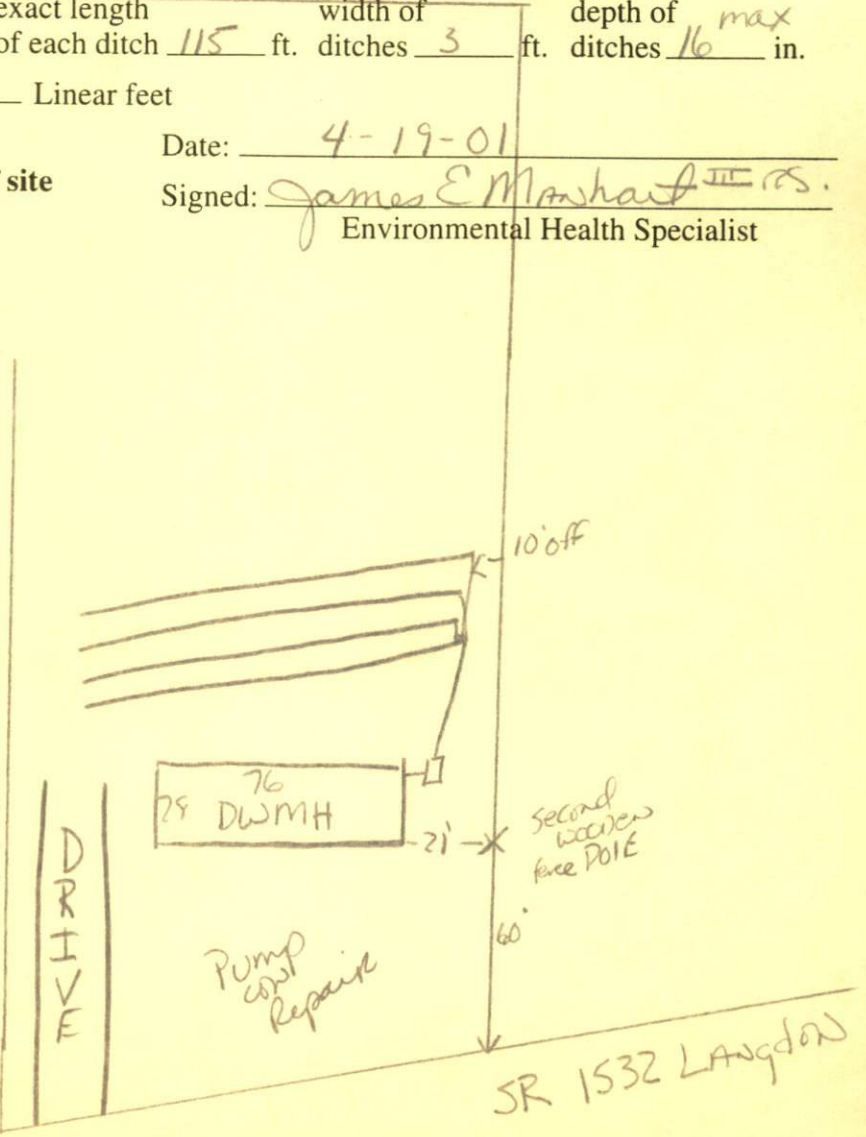
This permit is subject to revocation if site plans or intended use change.

Signed: James E. Marshall III, Environmental Health Specialist

* IF LINES ARE DEEPER than 16" system will be Denied!

* Contractor to contact HCHD Prior to installation.

* DO NOT DRIVE ON OR PLACE ANYTHING ON TOP OF DRAWN LINES.



SR 1532 Langdon

#01-50001587

HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18408. 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.

Owner or Authorized Agent DANNY WATKINS SR

Name: Paradise Homes Telephone # 919-284-5206

Address: 8087 N.C. 222 W Kenly N.C. 27542

Property Location: SR # 1532 Road Name (Arroyo)

New Installation Repair Septic Tank Nitrification Lines

Subdivision _____ Lot # 3

Number of Bedrooms Proposed: 4 Lot size: 4 acres

Basement With Plumbing Without Plumbing

Water Supply: Well Public Minimum Well Setback: 50' ft.

Type of System: Conventional Other

Tank Volume: Septic Tank 1200 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 2 Number of Lines per Field 4 Length of lines 115

Width of ditches 3 ft. Depth of ditches 16^{in ramp} 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.

Authorized Agent for Harnett County Health Department

Name: James E Markert Date: 4-19-07