

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) DONNAGAS / CARROLL

New Installation Septic Tank

Property Location: SR# 1553 LIVE OAK

Repairs Nitrification Line

Subdivision Green Tree Acres Lot # 7

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: _____

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 EEF-222 LAY IN WS 95-311

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18-20 in.

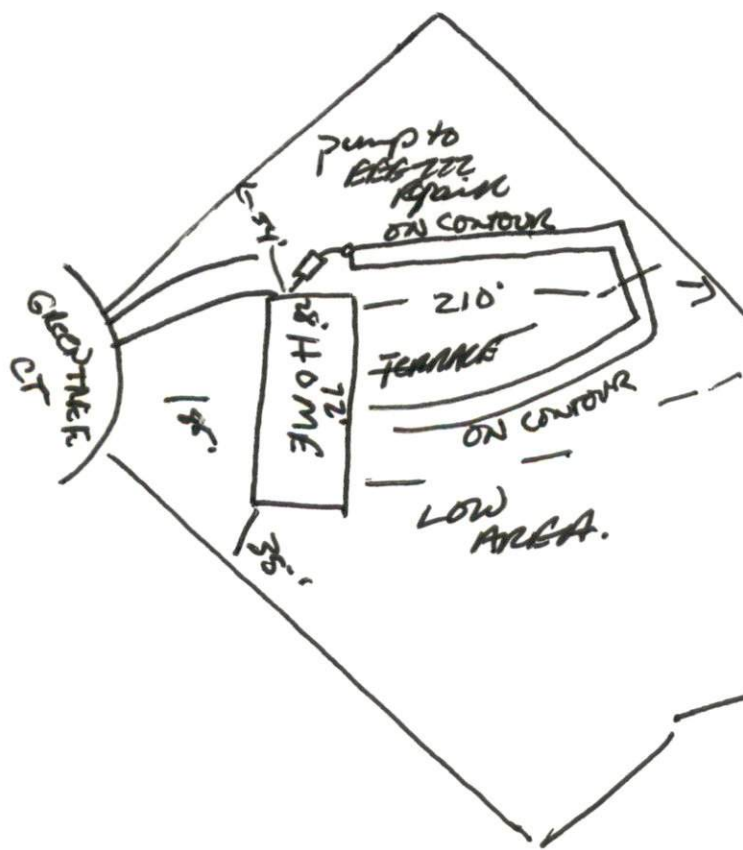
French Drain Required: — Linear feet

Date: 4-21-03

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

Signed: James C. Manhart
Environmental Health Specialist

* CONTRACTOR TO MEET
PRIOR TO INSTALLATION!
* 4 BLM MAX ALLOWABLE
SIZE OF HOME - NO 5 BLM
* STEP DOWN MAY BE
NEEDED.
20" TO START
→ 18" MAY ON
BOTTOM LAMB.



#03-5-6858

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19977. 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 DONNA GAZI CARROLL Telephone# 910-892-2151

Address P.O. Box 751 Coats N.C. 27521

Property Location SR# 1553 Road Name Live Oak

Subdivision Green Tree Acres Lot # 7 # Bedrooms Proposed 4 Lot Size 1.986

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: _____ Ft.

Septic Tank 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 2 Length of lines 200 Ft.

Width of ditches 3 ft. Depth of ditches 18-20 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.

James E. Mansueti
Signature of Authorized Agent for Harnett County of Harnett

4-21-03
Date