

HTE 03-5-8168R

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) Ronald Sugers New Installation Septic Tank
Property Location: SR# 421 N Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 (24x52) Lot Size: 12.34 AC

Basement with Plumbing: Garage: NOTE Home s.t. is limited to

Water Supply: Well Public Community 2 BR only 240 gal/day

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 Pump to ultra shallow

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

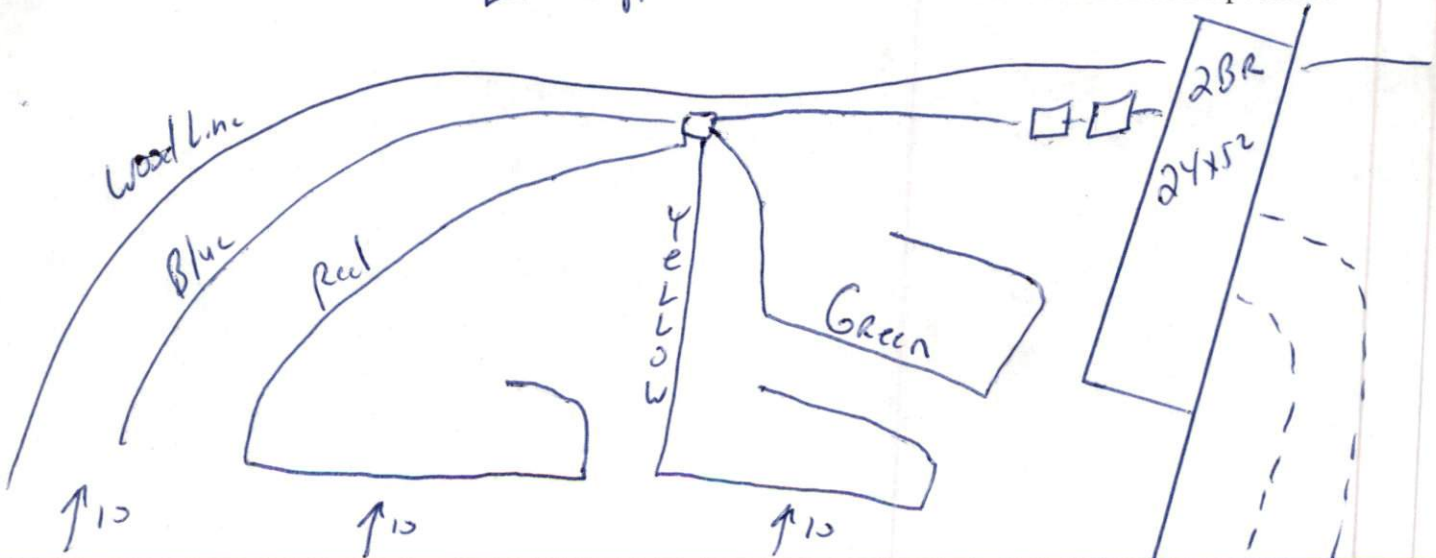
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 12 in. ^{max}

French Drain Required: _____ Linear feet

Date: 11-25-03

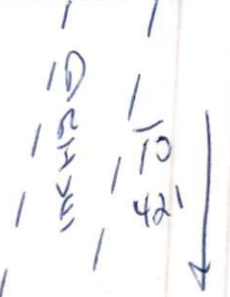
This permit is subject to revocation if site plans or intended use change. LPR Repair

Signed: Jon L. [Signature]
Environmental Health Specialist



Meet on site before installing
 must bring in 8 to 12" of approved cover so I
 maintain all set back
 may want to bring cover in first, then plow and
 spread over the area then install system

NOTE Pump may not
 be required



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 # 20390. 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 Ronald Suggs Telephone# _____

Address _____

Property Location SR# _____ Road Name _____

Subdivision _____ Lot # _____ # Bedrooms Proposed 2 (24x52) Lot Size 12.34m

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other Plum
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 10 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 12 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 of Harnett [Signature] Date 11-25-03