

HTE 04-5-944572

IMPROVEMENT PERMIT

20621

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) JONATHAN W HUNT New Installation Septic Tank
Property Location: SR# 1510 Matt Mill PND RD Repairs Nitrification Line

Subdivision - STEPHEN BUFFKIN Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 3.66.

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: 1000 gallons Pump Tank: _____ gallons

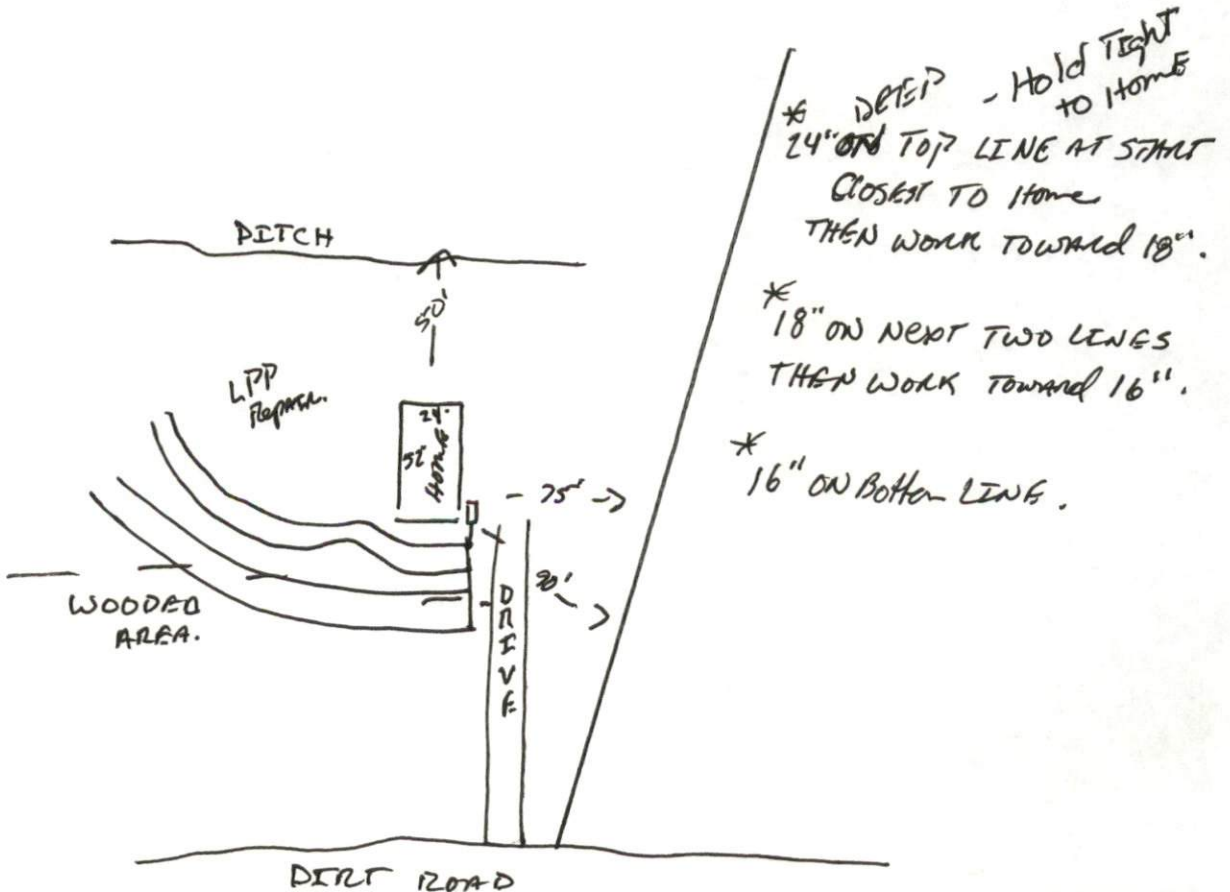
Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 24-18-16"

French Drain Required: - Linear feet

Date: 5-20-04

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

Signed: James E. Manshart ^{WR2}
Environmental Health Specialist



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20621. 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.*

JONATHAN W HUNT
Name 919-766-1019
Telephone #

815 WELLOWEDGE CT KINGSIDE N.C. 27545
Address

1510 Matthews MILLPOND ROAD
Property Location SR# Road Name

STEPHEN BURKEN 4 3 8.66
Subdivision Lot # # Bedrooms Proposed 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: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 24 > 18 -> 16 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. Markland
Signature of Authorized Agent for Harnett County

6-4-04
Date