

HTE# 25-5-13410

IMPROVEMENT PERMIT 22791

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) Raymond E GROVES New Installation Septic Tank Repair
 Property Location: SR# 1703 Red Hill Church Rd Nitrification Line Expansion
 Subdivision _____ Lot # _____
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 2 2406AD Lot Size: 7.75

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: _____ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other 25% Reduction System

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

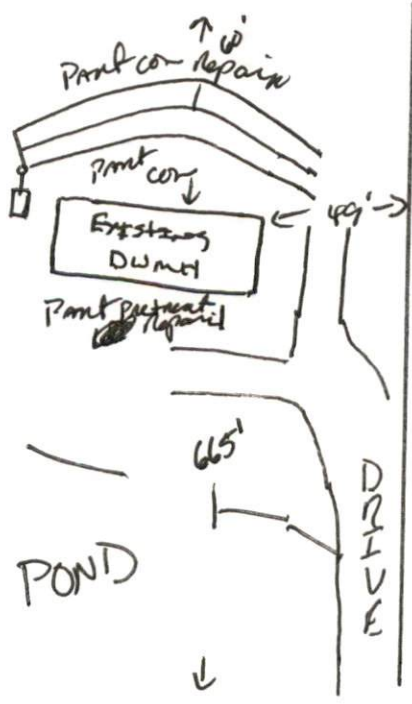
Subsurface No. of exact length width of depth of
 Drainage Field ditches 3 ft. of each ditch 100 ft. ditches 3 ft. ditches 22-18 in. ^{max}

French Drain Required: — Linear feet

Date: 12-1-05
 PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: James E. Markant
 Environmental Health Specialist



HTE# 05-5-13460

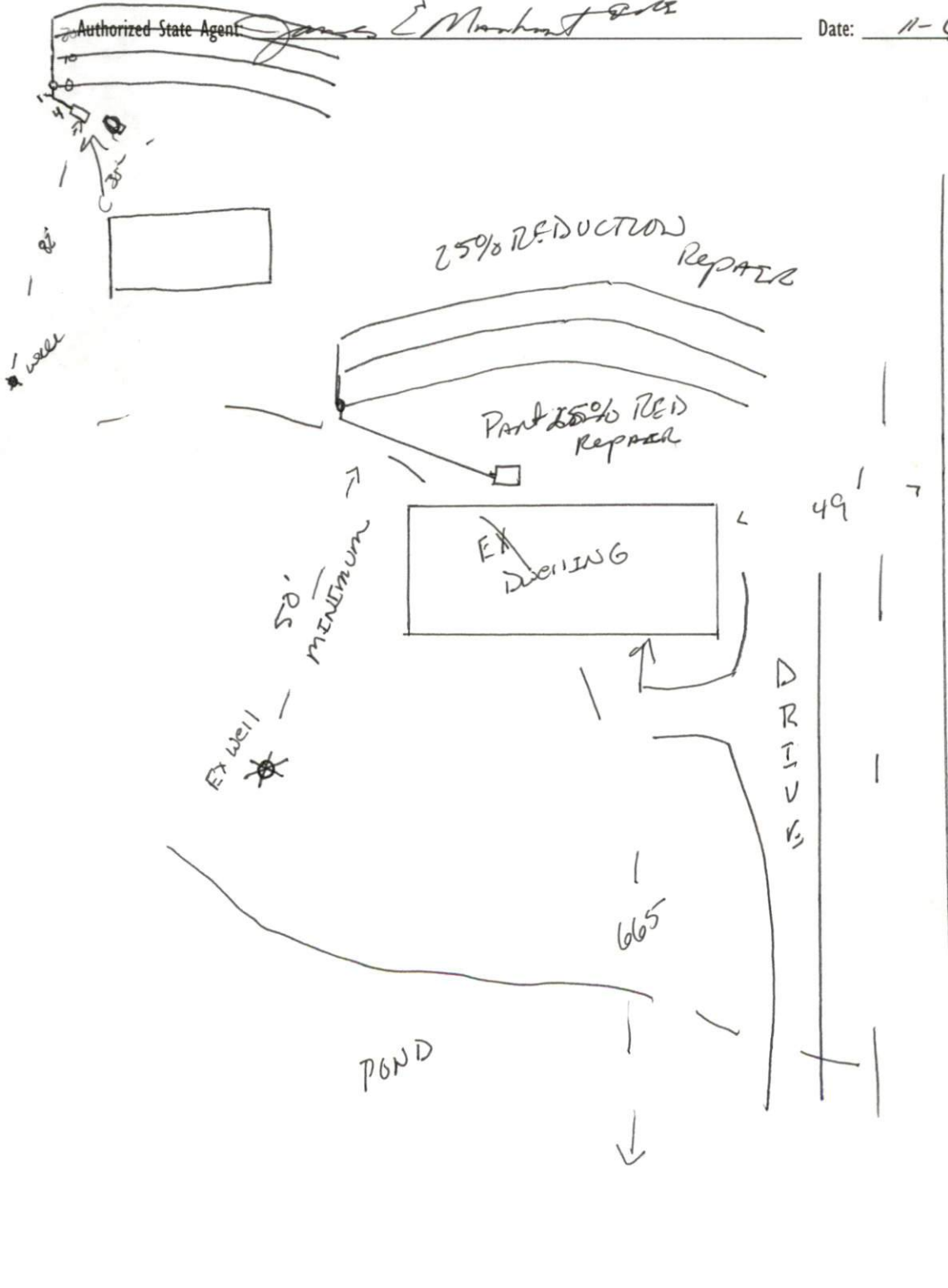
Permit # 22791

Harnett County Department of Public Health Site Sketch

PROPERTY LOCATOR: 521703 RED HILL CT 12D

ISSUED TO: Raymond Groves SUBDIVISION _____ LOT # _____

Authorized State Agent James E. Markham Date: 11-6-08



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 # 22791. 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 Raymond F Groves Telephone # 897-8032

Address 702 John Lee Rd DUNN N.C. 28534

Property Location SR# 1703 Road Name Red Hill Ch Rd

Subdivision _____ Lot # _____ # Bedrooms Proposed 2 240600 Lot Size 7.75

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% reduction system

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 22-18^{max} 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 James E. Manhart Date 12-1-65