

IMPROVEMENT PERMIT

03-5-7364

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) Charles Franklin Michno
Property Location: SR# 1257 S. River Rd

New Installation Septic Tank
 Repairs Nitrification Line

Subdivision Bobby Temple Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3(30x33) Lot Size: .62 AC

Basement with Plumbing: ^{NO Plumbing} Garage: NOTE This permit Replaces #

Water Supply: Well Public Community 18886 E.J. 10-18-02

Distance From Well: 55 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

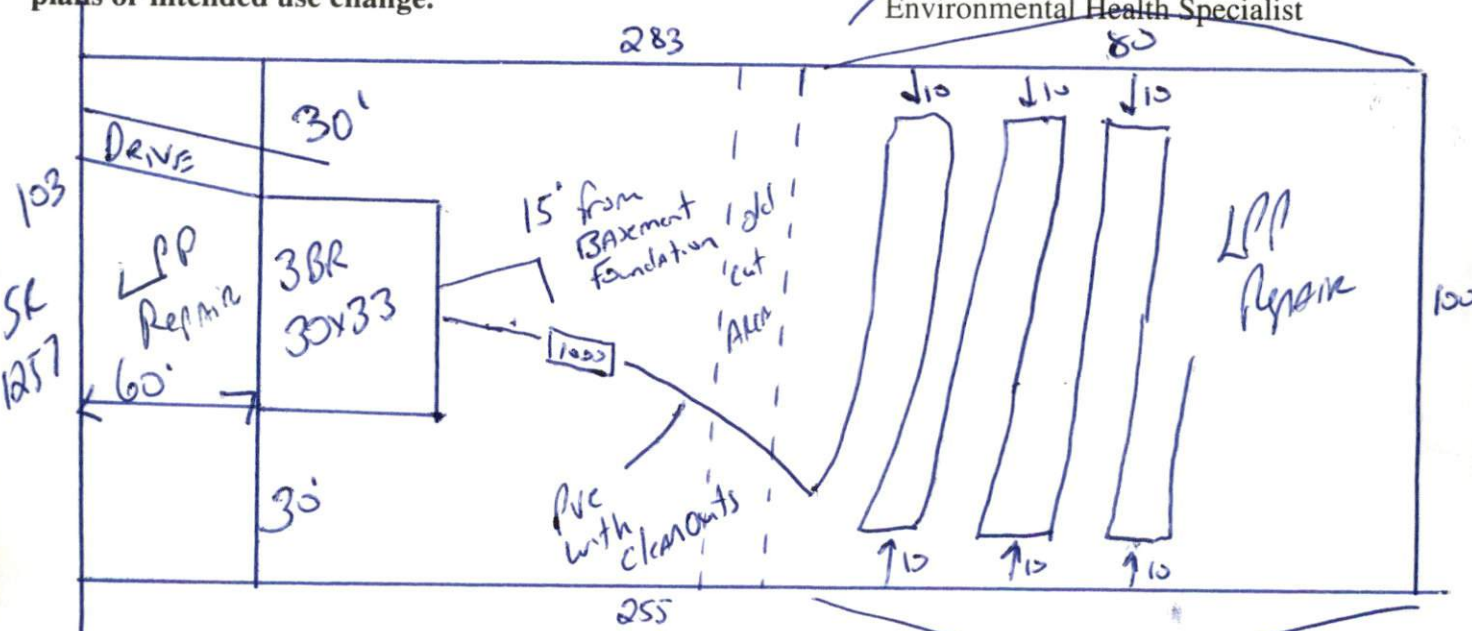
Subsurface Drainage Field No. of ditches 1 exact length 360 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 6-26-03

Signed: Joe Waters
Environmental Health Specialist

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



Must meet onsite
18" Ditch Depth
Maintain All set Backs

Do not Drive or Park on
septic system
Change to 25% Reduction
1x 270

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 # 19446. 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 Charles F. Michms Telephone# 814-2169

Address _____

1257
Property Location SR# Bobby Temple Lot # 1 # Bedrooms Proposed 3 (30x33) Road Name .62Ac
Subdivision _____ 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 1 # of lines per field 1 Length of lines 360 Ft.
Width of ditches 3 ft. Depth of ditches 18 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 6-26-03