

03-5-5493

HARNETT COUNTY HEALTH DEPARTMENT

No 19708

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) Adam Katz New Installation Septic Tank
Property Location: SR# 1521 Gregory Circle Repairs Nitrification Line

Subdivision _____ Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min 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 No. of exact length width of depth of
Drainage Field ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain Required: _____ Linear feet

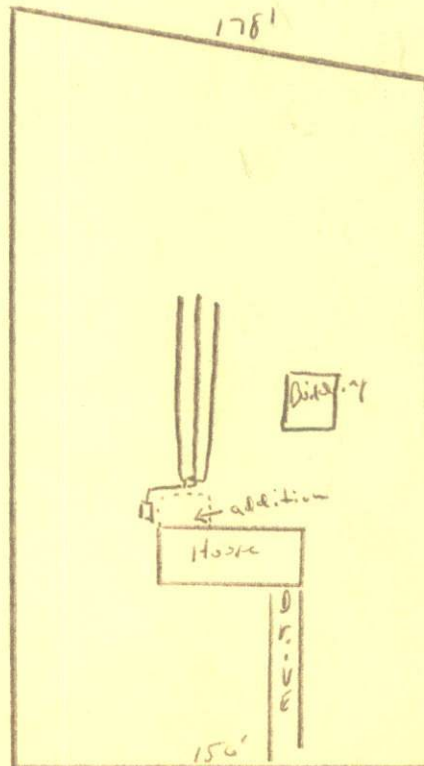
Date: 9/27/2002

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

Signed: [Signature]
Environmental Health Specialist

* New tank to be connected to old drain lines

* Old tank to be pumped, crushed + filled in



* Not to scale

HA 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 # 19708. 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 Adam Katz Telephone # 814-1010
Address 1390 Gregory Circle Lillington, N.C. 27546
Property Location SR# 1521 Road Name Gregory Circle
Subdivision _____ Lot # 2 # Bedrooms Proposed 3 Lot size _____

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines
 Conventional Other _____ Basement With Plumbing Without Plumbing
Water Supply: Well Public - Minimum Well Setback: 50 Ft.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields _____ # of lines per field Existing drain field Length of lines _____ Ft.
Width of ditches _____ ft. Depth of ditches _____ 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 [Signature] Date 9/27/2002