

IMPROVEMENT PERMIT

02-5-4324

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) Quail Run Homes / Doris Ross New Installation Septic Tank

Property Location: SR# 1143 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (32 x 80) Lot Size: 1.50 Ac

Basement with Plumbing: Garage: Please note that plot plan must be changed to match this permit

Water Supply: Well Public Community
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 Pump to Conventional

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

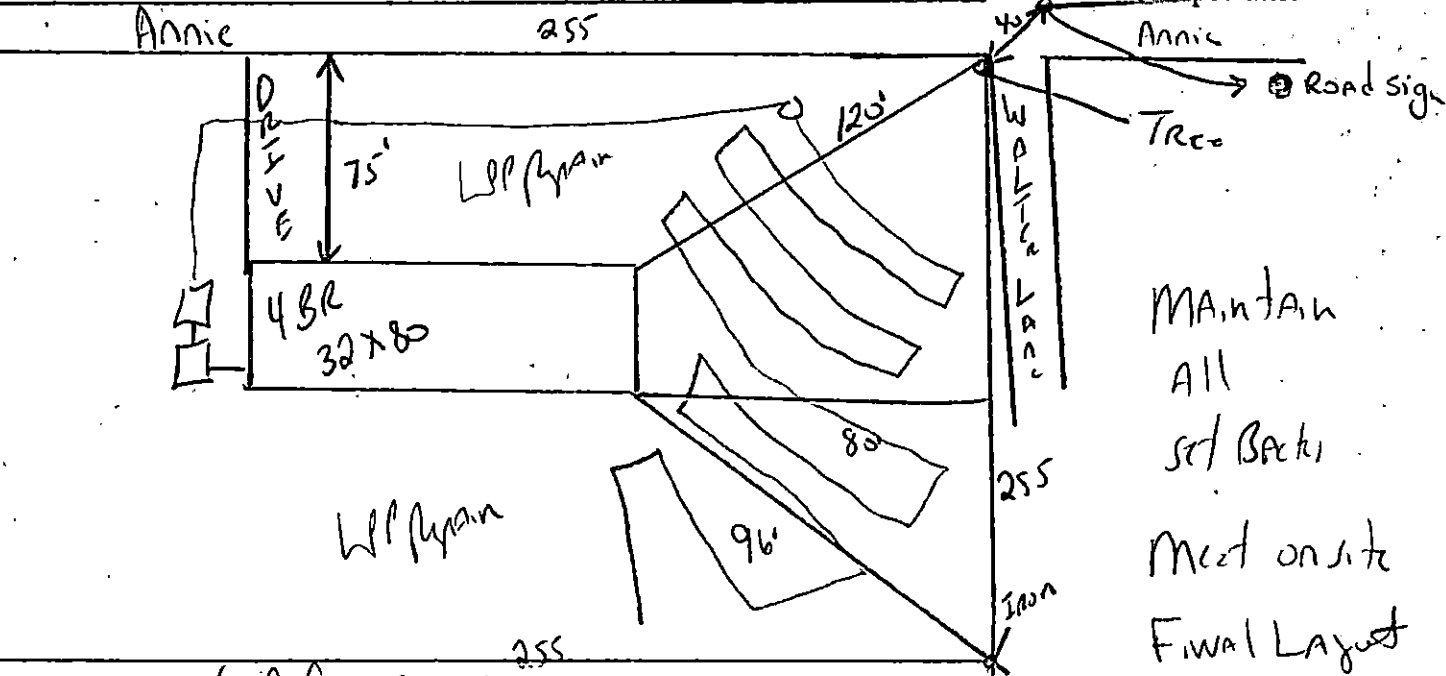
Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 540 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 4-10-02

Signed: Joe Waters
Environmental Health Specialist

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



MAINTAIN ALL SET BACKS

MEET ON SITE

FINAL LAYOUT MAY CHANGE

MUST MEET BEFORE INSTALLING SEPTIC SYSTEM

FINAL LAYOUT MAY CHANGE TO 4x135

DO NOT DRIVE OR PACK ON SEPTIC SYSTEM

**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 # 19043. 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 Quail Run Home / Dowd Pbs Telephone # 919-776-2477

Address _____

Property Location SR# 7143 Road Name _____

Subdivision _____ Lot # — # Bedrooms Proposed 4 (32x80) Lot size 1.50 AC

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other Pump & Conv.

Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: _____ Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 375 Ft.

Width of ditches 3 ft. Depth of ditches 18 in 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 4-10-02