

IMPROVEMENT PERMIT

03-5-5300

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) TERESA WHITT [X] New Installation [X] Septic Tank

Property Location: SR# NC21 [] Repairs [X] Nitrification Line

C.E BEAR LANE

Subdivision Cameron Hills Lot # 48

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (24x44) Lot Size: e 47 ac

Basement with Plumbing: [] Garage: [] Please note change in house location. MUST make plot plan match this permit.

Water Supply: [] Well [X] 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: [X] Conventional [] Other _____

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 350 ft. width of ditches 3 ft. depth of ditches 18 MAX in.

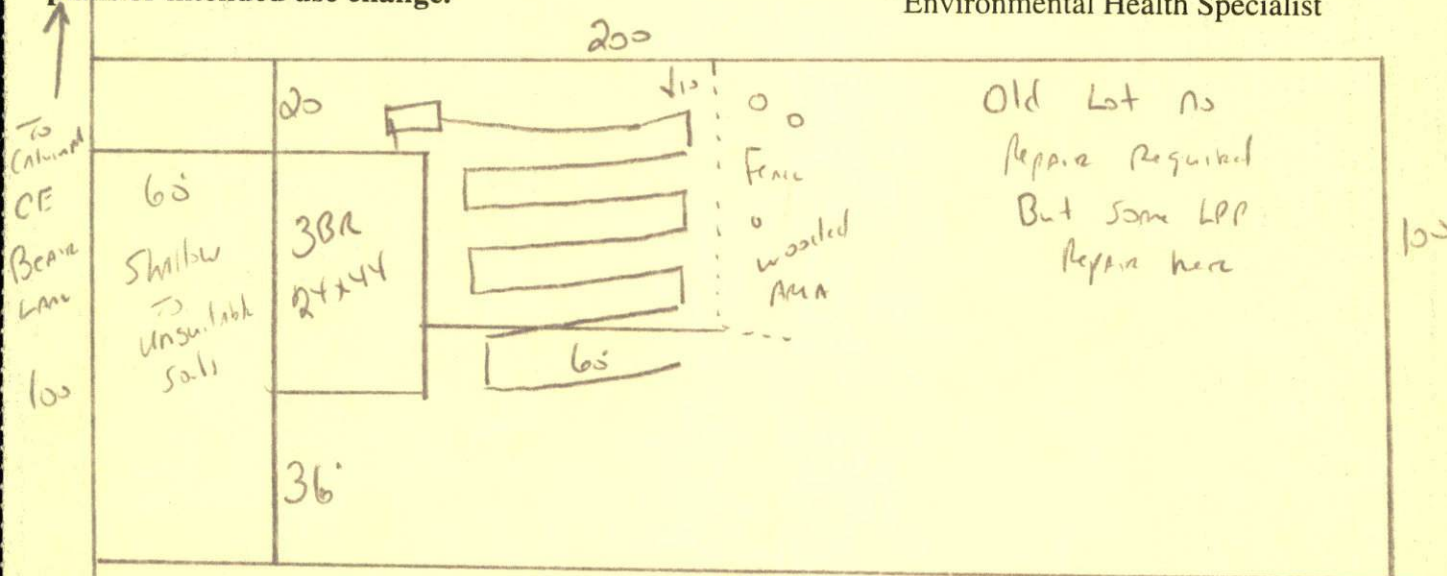
French Drain Required: _____ Linear feet

Date: 8-15-02

Signed: [Signature]

Environmental Health Specialist

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



NOTE That The house site was moved forward due to shallow soil conditions in the front.

MUST meet onsite - 18" MAX Ditch Depth DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

HA TT COUNTY HEALTH DEPARTMENT
AUT RIZATION TO CONSTRU

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19569. 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.*

Teresa White
Name _____ Telephone # _____
NC 24
Address _____
CE Beach Lane
Property Location SR# _____ Road Name _____
Cameron Hill 48 3(24x44) 0.70
Subdivision _____ Lot # _____ # Bedrooms Proposed _____ Lot size _____

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
 Conventional Other 1000 [] 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 1 # of lines per field 1 Length of lines 350 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.

Joel White 8-15-02
Signature of Authorized Agent for Harnett County _____ Date _____