

HTE 03-5-7921

HARNETT COUNTY HEALTH DEPARTMENT

20285

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) Tim Crane / Palm Harbor Homes New Installation Septic Tank
Property Location: SR# Cameron Hill Rd Repairs Nitrification Line

Subdivision Bobby Meares Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x67) Lot Size: 6.95 ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 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 of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 10-3-03

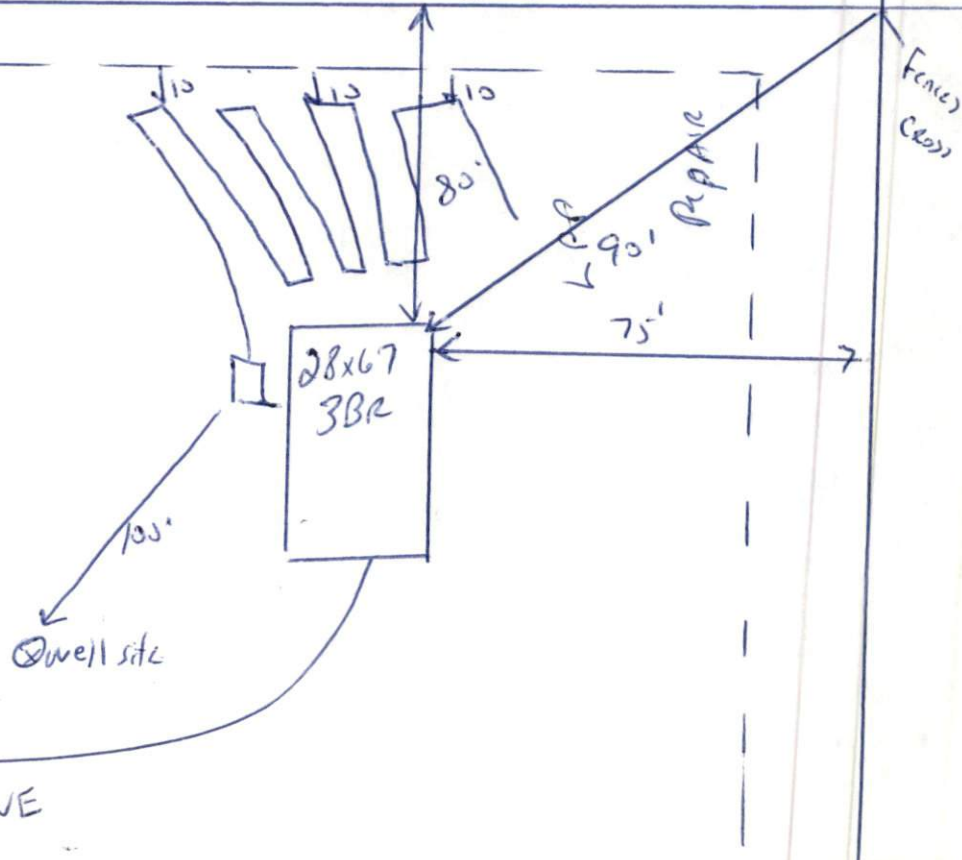
This permit is subject to revocation if site plans or intended use change.

Signed: Joe Woods
Environmental Health Specialist

Barb wire fence is approx property line just inside wood line

Mow line of field

MUST meet onsite for final layout
Keep well site 100' from any part of septic system
Do not drive or park on septic system
MAINTAIN ALL SET BACKS



To CAMERON HILL RD DRIVE

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20285. 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 Tim Crane / Palm Harbor Home Telephone# 423-9500

Address _____

Cameron Hill Rd

Property Location SR# _____ Road Name _____

Subdivision Bobby Meador Lot # 2 # Bedrooms Proposed 3 (28x67) Lot Size 6.95 ac

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: 100 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 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.

Joe Walker

10-2-07

Signature of Authorized Agent for Harnett County of Harnett _____ Date _____

Date