

HTE# 05-50012714

IMPROVEMENT PERMIT 22722

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) Accent Design Build II LLC New Installation Septic Tank Repair

Property Location: SR# 1116 Nitrification Line Expansion

Subdivision Colonial Hills Lot # 18

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (60x54) 360 sqd Lot Size: 1.478 ac

Basement with Plumbing: Garage:

Water Supply: Well 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: Conventional Other _____

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

Subsurface No. of exact length width of depth of
Drainage Field ditches 1 ft. of each ditch 300 ft. ditches 3 ft. ditches 18x4 in.

French Drain Required: _____ Linear feet

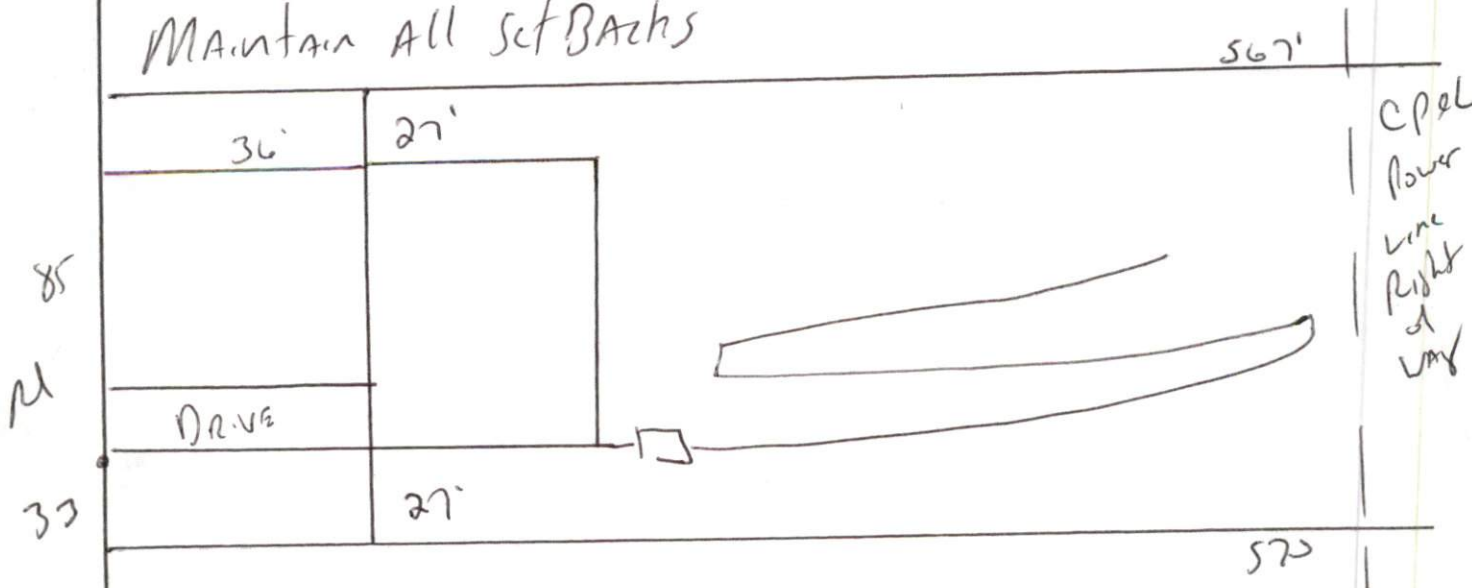
Date: 08-10-05

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: Jon W. A. R.
Environmental Health Specialist

Meet onsite for final layout - STUB out Plumbing shallow where shown MAINTAIN ALL SETBACKS



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22722. 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.*

Accent Design Bld

Name _____ Telephone # _____

Address _____

1116

Property Location SR# _____ Road Name _____

Coburn Hill

18

3(60x54) 360 sqd

1.478 ac

Subdivision _____ Lot # _____ # Bedrooms Proposed _____ 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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 200 Ft.

Width of ditches 2 ft. Depth of ditches 18.24 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.

Jon West RJ

Signature of Authorized Agent for Harnett County

08-10-05

Date