

HTE 05500-12231

IMPROVEMENT PERMIT

21554

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) Regency Homes
Property Location: SR# 1115
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision CRESTVIEW Lot # 165

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (58 x 32) Lot Size: .44 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. Tire chips OK

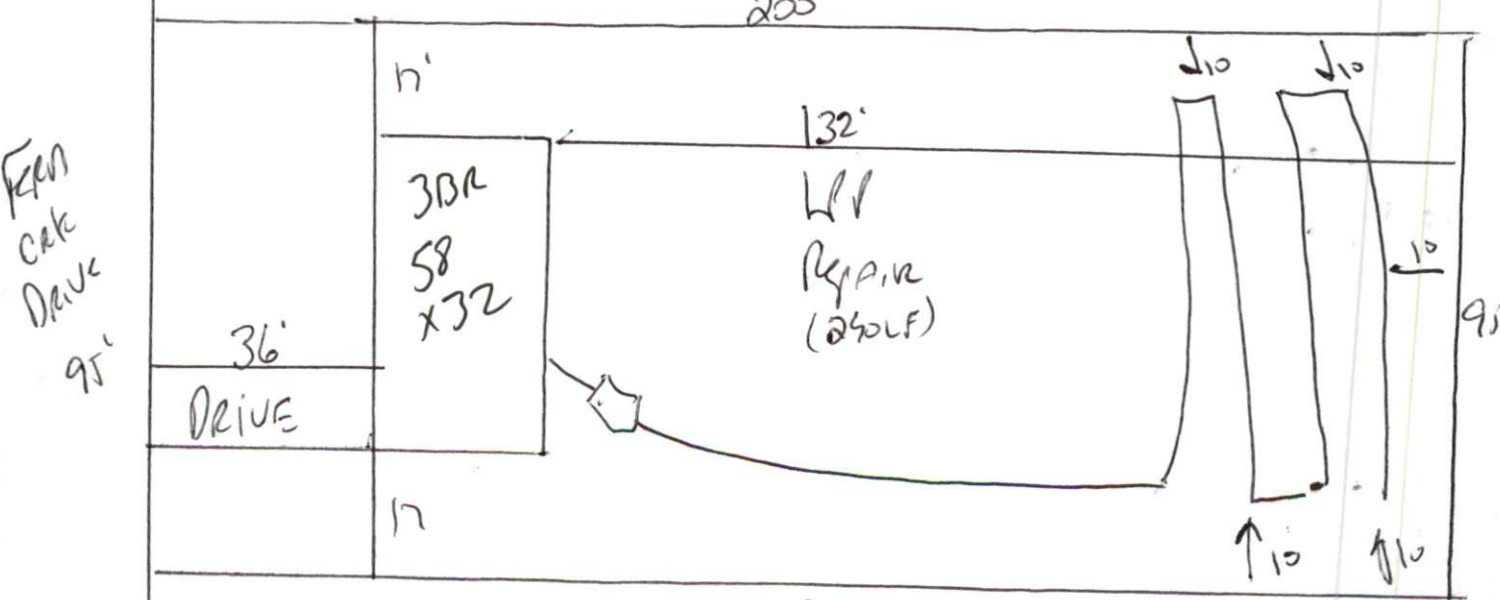
Type of system: Conventional, Other

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

Subsurface Drainage Field No. of ditches, exact length of each ditch, width of ditches, depth of ditches

French Drain Required: Linear feet Date: 6-29-05

This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist



Meet onsite 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 # 21554. 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 Regency Homes Telephone # _____

Address _____

Property Location SR# 1115

Subdivision Crestview Lot # 165 # Bedrooms Proposed 3(58x32) Road Name 44th 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 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.

Signature of Authorized Agent for Harnett County Joe West RS

Date 6-28-05