

HTE# 05-5012235R

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT 22743

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 New Installation Septic Tank Repair
 Property Location: SR# 1115 Nitrification Line Expansion
 Subdivision CRESTVIEW Lot # 169
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3 (59x32) 36 sqd Lot Size: .35 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 Pump to 25% Reduction SYSTEM

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

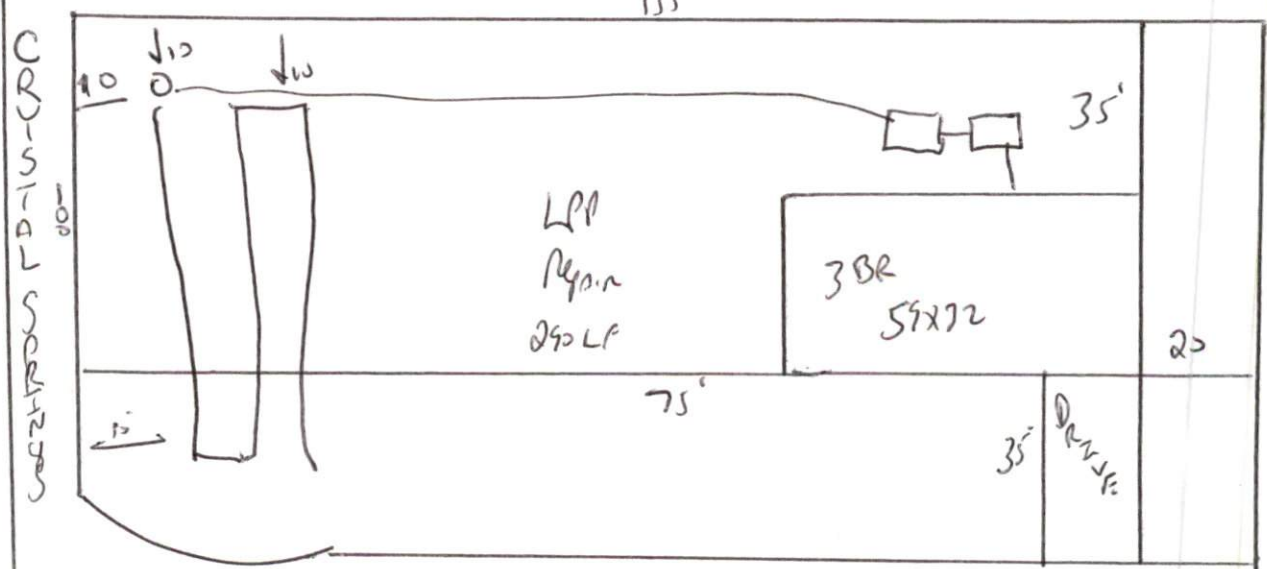
Subsurface Drainage Field No. of ditches 1 exact length 180 ft. width of ditches 3 ft. depth of ditches 18 in.
 or
 French Drain Required: _____ Linear feet 425% Reduction system

Date: 09-08-05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

met onsite for final layout

Signed: [Signature]
Environmental Health Specialist



Mountainside Lane

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 # 22743. 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 Home Telephone # _____

Address _____

Property Location SR# 1115

Subdivision Crestview Lot # 169 Road Name 3 (53x32) 360 spd Lot Size 35 ac
Bedrooms Proposed _____

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other Pump To 25% reduction system
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 180 Ft.

Width of ditches 3 ft. Depth of ditches 18 inches 1 25% reduction

French Drain: Linear feet required _____ Depth of gravel _____ 14175m

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 09-08-05