

HTE# 05-50013192

IMPROVEMENT PERMIT 22312

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) Kent Pierce Inc New Installation Septic Tank Repair

Property Location: SR# ~~000000~~ 1115 Nitrification Line Expansion

Subdivision CRESTVIEW Lot # 226

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (43x56) 360 gpcd Lot Size: 0.40 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

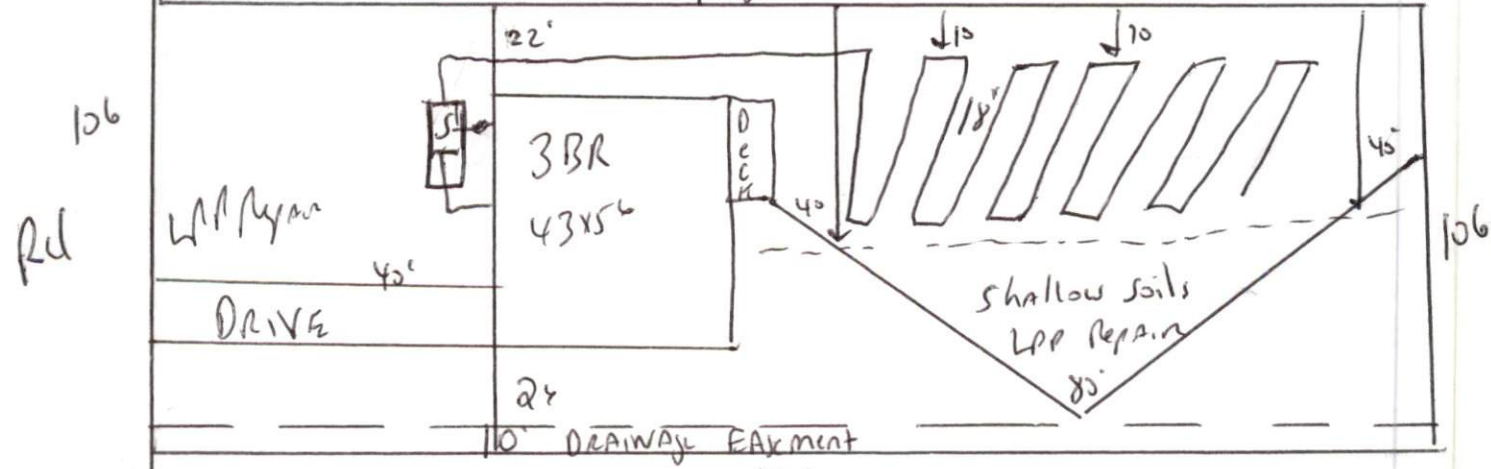
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 ft. of each ditch 240 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

Date: 10-13-05
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: J. W. WARD
Environmental Health Specialist



STUB out Plumbing shallow
First Line to be 18 to 24" lines behind house must be 18"
Meet onsite for final layout

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 # 22312. 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 Kent Pierce Telephone # _____

Address _____

Property Location SR# 1111 Road Name _____
Subdivision Crestview Lot # 226 # Bedrooms Proposed 3 (43x56) 360 gpd Lot Size 40AC

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 Jon West RS

Date 10-17-05