

HTE# 05-5001333R

IMPROVEMENT PERMIT 22427

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 New Installation Septic Tank Repair

Property Location: SR# 1115 Nitrification Line Expansion

Subdivision Crestview Lot # 179

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3(36x54) 360 sqd Lot Size: 0.35 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 Conventional

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

Subsurface Drainage Field No. of ditches 1 ft. exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18.24 in.

French Drain Required: _____ Linear feet

Date: 12-16-05

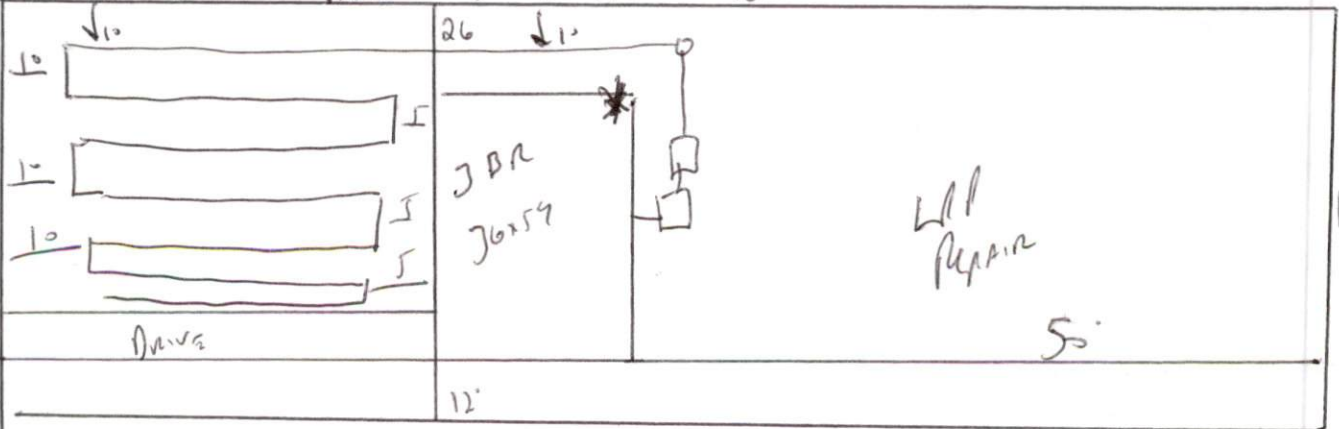
This permit is subject to revocation if site plans or intended use change.

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature]
Environmental Health Specialist

Meet onsite
Maintain All Setbacks
Do not Drive or Park on septic SYSTEM

150'



Will Repair

50'

Meet onsite for Final layout
may be able to get out of Pump if Plumbing is ST. BOD out shallow on upper rear corner * & change to 25% reduction system - meet onsite

HEALTH 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 # 22427. 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 _____

1115

Property Location SR# _____ Road Name _____

Subdivision Crestview Lot # 179 # Bedrooms Proposed 3 (36x59) 20 ppl Lot Size 1.35 ac

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other Pump To Conventional

[] 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 300 Ft.

Width of ditches 3 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.

Joe West RS
Signature of Authorized Agent for Harnett County

12-16-05
Date