

IMPROVEMENT PERMIT 22519

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) Bill Clark Home New Installation Septic Tank Repair
Property Location: SR# 1139 Tingen Rd Nitrification Line Expansion
Subdivision Patterson Point Lot # 108
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 (49x52) 360 sq ft Lot Size: 0.354

Basement with Plumbing: Garage: *Meet onsite for Final Layout*
Water Supply: Well Public Community *Stub out plumbing shallow At*
Distance From Well: 50 ft. *Ground level or higher maintain all set backs*
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

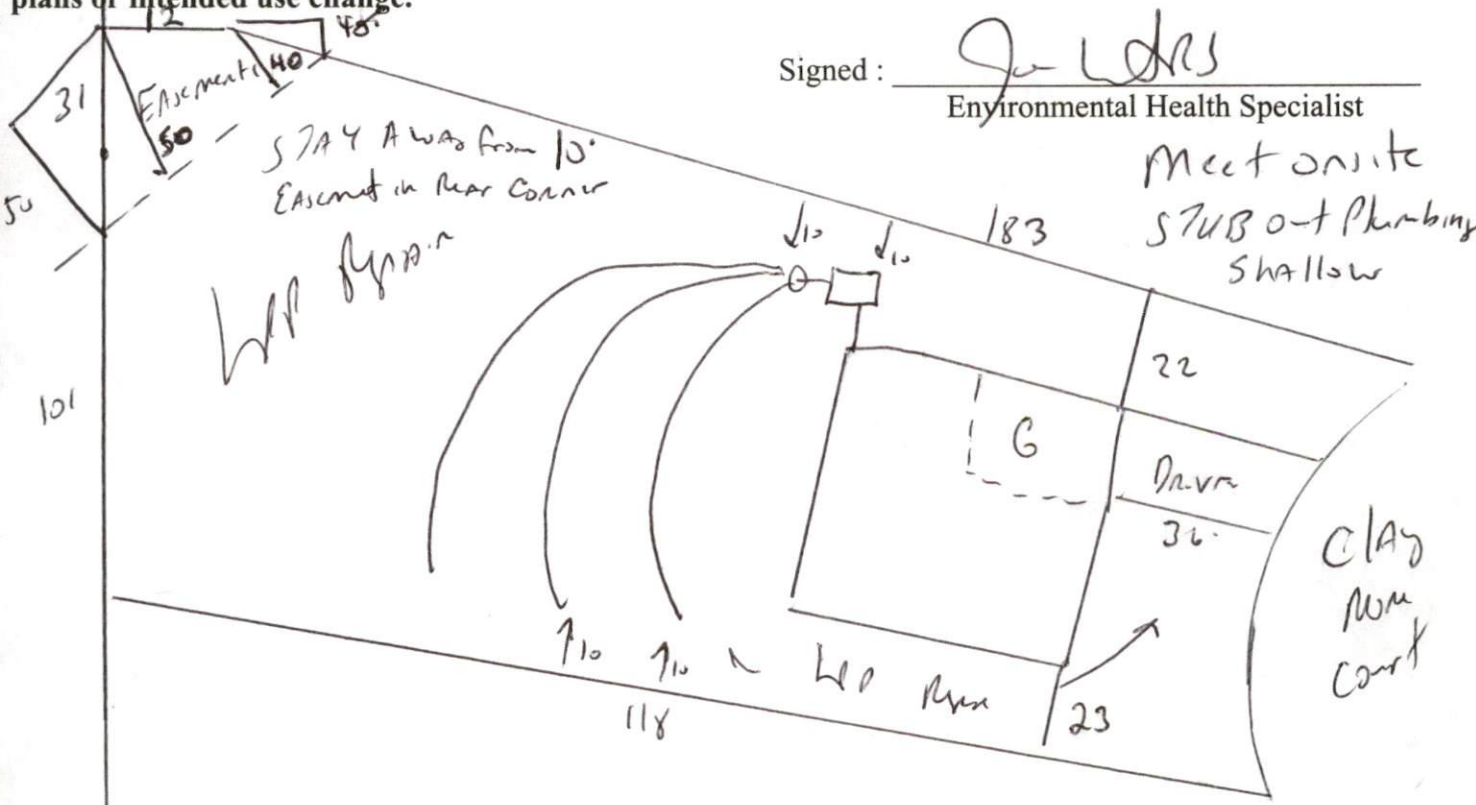
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 ft. of each ditch 70 ft. ditches 3 ft. ditches 18" x 18" in.

French Drain Required: _____ Linear feet

Date: 02-14-06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature]
Environmental Health Specialist



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 # 22519. 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 Bill Clark Homes Telephone # _____

Address _____

Property Location SR# 1139
Subdivision Patton Pond Lot # 108 # Bedrooms Proposed 3(45x52) Road Name 354 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 _____ Length of lines _____ Ft.

Width of ditches 3 ft. Depth of ditches _____ 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 RS

Signature of Authorized Agent for Harnett County

Date