

IMPROVEMENT PERMIT 22602

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) Moss Home Builders New Installation Septic Tank Repair
Property Location: SR# Baenus Ave Nitrification Line Expansion
Subdivision Brenda Hills Lot # 21
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 (51x46) 360 gal/day Lot Size: .46 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 25% Reduction SYSTEM

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 150 ft. ditches 3 ft. ditches 18.24 in.

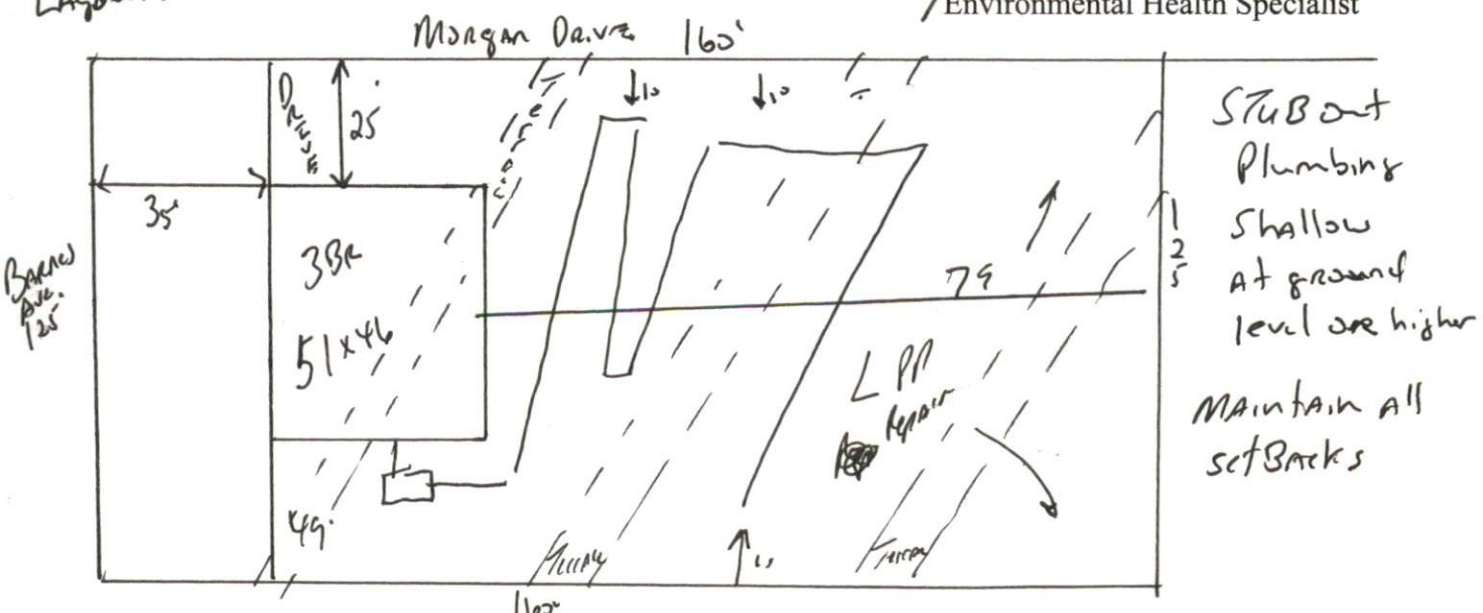
French Drain Required: _____ Linear feet of 25% reduction system

Date: 03-28-06
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: Joe L. [Signature]
Environmental Health Specialist



Keep drain line between Terraces.

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 # 22602. 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.*

Moss Home Builder
Name _____ Telephone # _____

Address _____
Barnes Ave

Property Location SR# _____ Road Name _____
Brenda Hills 21 3(51x46) 760 sqd .46ac
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other 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 _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 150 Ft.

Width of ditches 3 ft. Depth of ditches 18.24 inches OF 25% Reduction SYSTEM

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

03-28-06
Date