

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 06-500-14627

IMPROVEMENT PERMIT 22915

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 [X] Septic Tank [X] Repair []

Property Location: SR# 1108 Nitrification Line [X] Expansion []

Subdivision Yorkshire Plantation Lot # 127

Tax ID# Quadrant #

Number of Bedrooms Proposed: 3 (34x54) 360 gpd Lot Size: .44 ac

Basement with Plumbing: [] Garage: [X]

Water Supply: [] Well [X] 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: [X] Conventional [] Other

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

Subsurface Drainage Field No. of ditches 1 ft. exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18 2/4 in.

French Drain Required: Linear feet

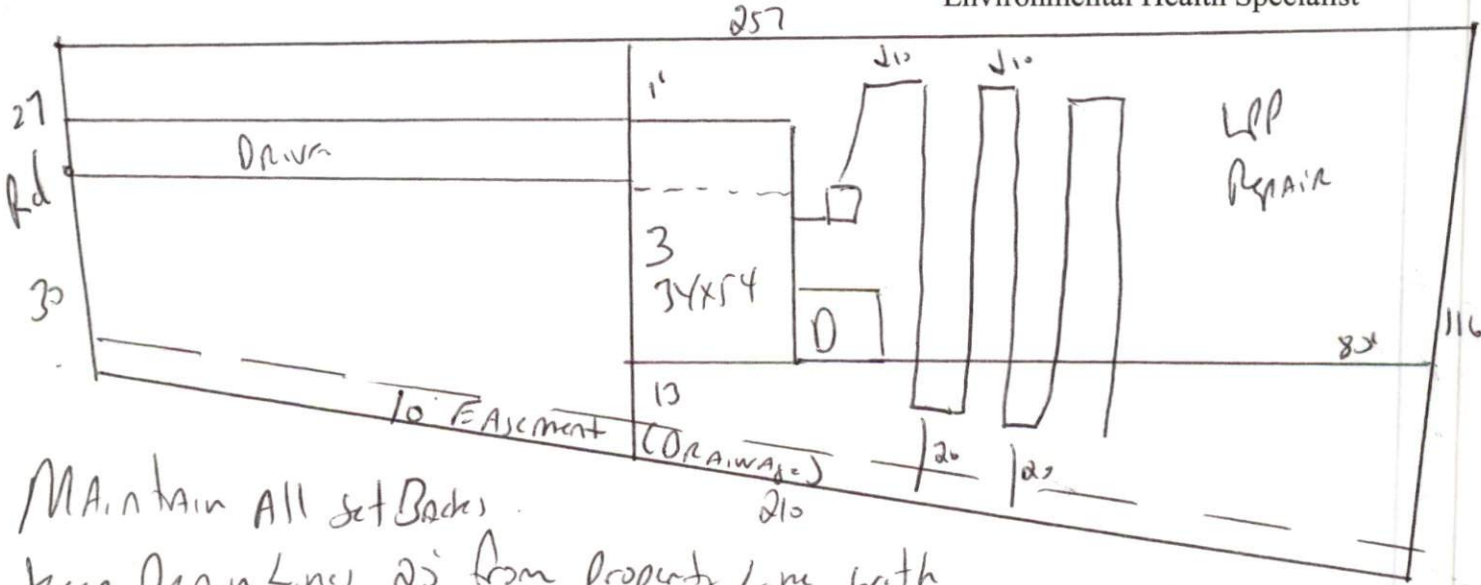
Date: 05-01-06

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Meet onsite for final layout

Signed: [Signature] Environmental Health Specialist



MAINTAIN All set Backs. Keep Drain Lines 20' from Property Line with DRAINAGE Easement STUB OUT Plumbing shallow - MAINTAIN all set Back

Meet onsite

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 # 22915. 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.

Kent Peace
Name _____ Telephone # _____

Address _____

1108
Property Location SR# _____ Road Name _____

Yorkshire Plantation 127 3(27x54) closed .44ac
Subdivision _____ Lot # _____ # Bedrooms Proposed _____ 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 1 Length of lines 200 Ft.

Width of ditches 3 ft. Depth of ditches 18.25 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 White RS
Signature of Authorized Agent for Harnett County

05-22-06
Date