

HTE# 06-50014816

IMPROVEMENT PERMIT 23006

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# 1108 Nitrification Line Expansion
 Subdivision Yorkshire Plantation Lot # 160
 Tax ID# _____ Quadrant # _____
 Number of Bedrooms Proposed: 3 (47x54) 360 sqd Lot Size: .36 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 18.24 in.

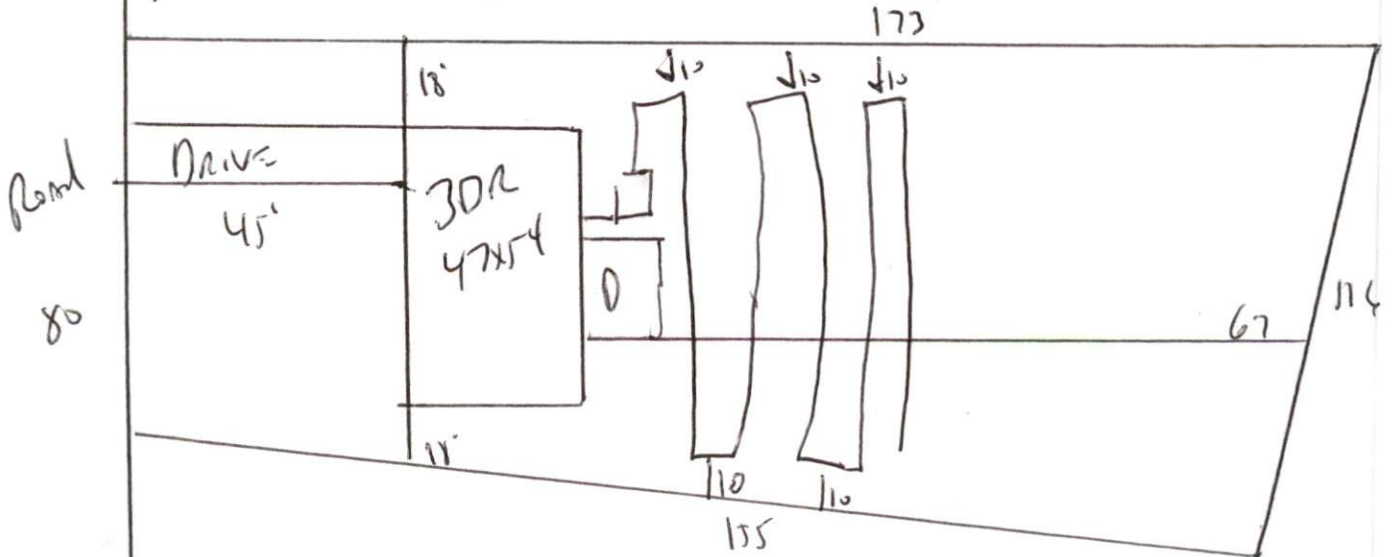
French Drain Required: _____ Linear feet

Date: 05-18-06
 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

*STUO out Plumbing shallow
 maintain all set backs*



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 # 23004. 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 Pizze
Name _____ Telephone # _____

Address _____
1108
Property Location SR# _____ Road Name _____

Yorkshire Plantation 160 3(47x54) 362nd .36 ac
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 240 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 Whit RS _____ 05-18-06
Signature of Authorized Agent for Harnett County _____ Date _____