

IMPROVEMENT PERMIT

01-5-0981 Rev

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) Custom Contracting
Property Location: SR# 1201
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Carolina Seasons Lot # B-1

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (54x42) Lot Size: .63 AC

Basement with Plumbing: Garage: [X]

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: [X] Conventional [] Other

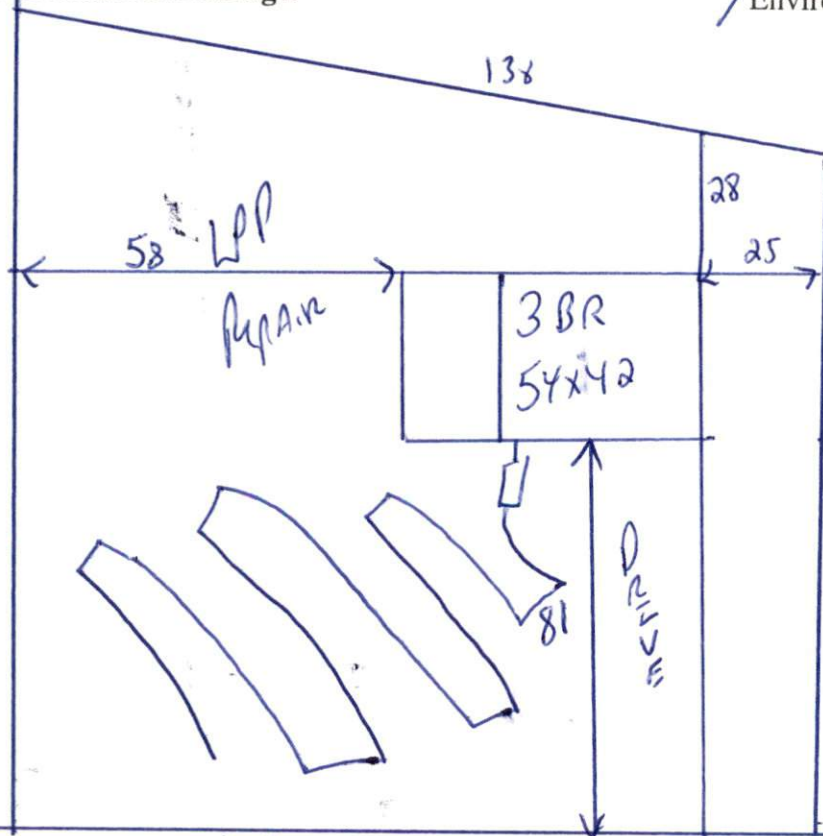
Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons

Subsurface Drainage Field No. of ditches: 1 exact length of each ditch: 350 ft. width of ditches: 3 ft. depth of ditches: 18 max in.

French Drain Required: Linear feet

Date: 4-25-03 Signed: J. Walters Environmental Health Specialist

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



MAintain all Set Backs
STUB out Plumbing shallow 18" max Pitch. Depth follow contour
Do not DRIVE OR PARK on septic system

SR 1201 ->

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20019 Rev. 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 Custom Contracting Telephone# 775-1497

Address _____

Property Location SR# 1201

Subdivision CAROLINA SEASONS Lot # B-1 # Bedrooms Proposed 3(54x42) Road Name .63Ac 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: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 350 Ft.

Width of ditches 3 ft. Depth of ditches 18 max 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.

Signature of Authorized Agent for Harnett County of Harnett [Signature] Date 4-29-03