

IMPROVEMENT PERMIT

01-05-1407

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) HUNTER Const.

New Installation Septic Tank

Property Location: SR# 1115

Repairs Nitrification Line

Subdivision Peach Tree Crossing Lot # 151

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (58x24) Lot Size: .50 AC

Basement with Plumbing: Garage: NOTE STUB Plumbing out

Water Supply: Well Public Community Where shown 9 shallow and we

Distance From Well: 50 ft. MAY BE ABLE TO get out of A Pump meet on site

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to Conventional

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

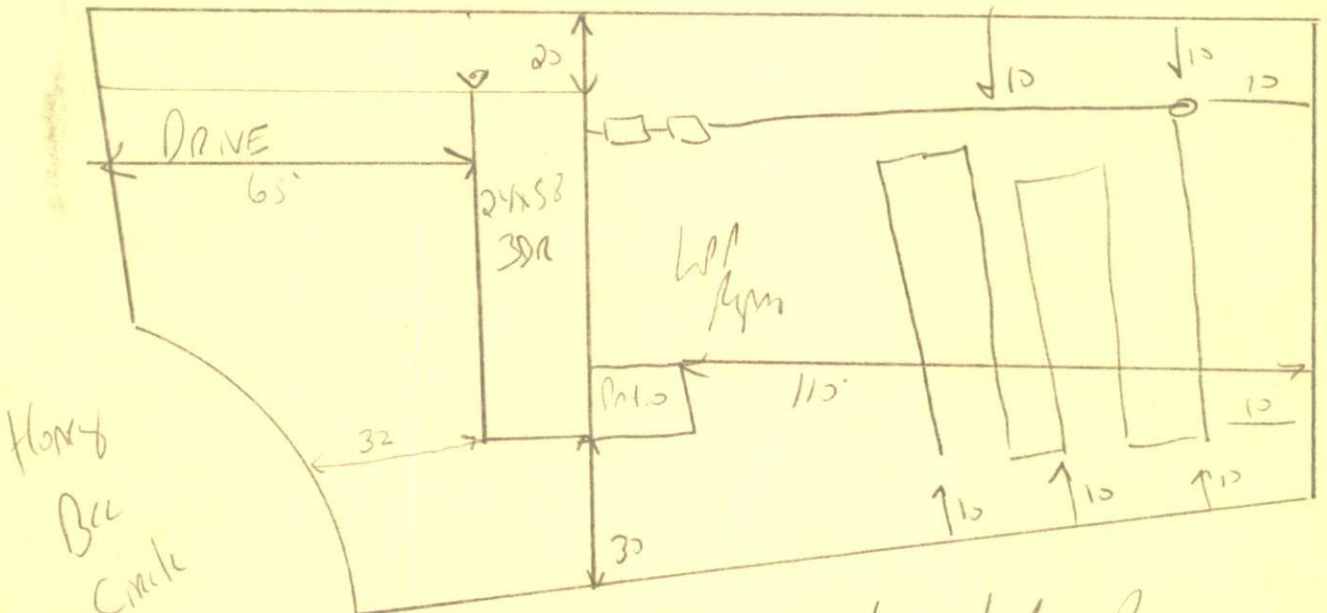
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18 1/2 in.

French Drain Required: _____ Linear feet

Date: 03-05-01

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

Signed: [Signature] Environmental Health Specialist



NOTE MAY BE ABLE TO get out of A Pump-STUB Plumbing out as shown 9 shallow meet on site

HARNETT COUNTY HEALTH DEPARTMENT
AUTL...RIZATION TO CONS...RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18253. 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.

Owner or Authorized Agent Hurtaff Const.

Name: _____ Telephone # 484-5848

Address: _____

Property Location: SR # 1115 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Peachtree Crossing Lot # 151

Number of Bedrooms Proposed: 3 (58x24) Lot size: .50 Ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional Other 1000 Pure to Conv.

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 240

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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 07-05-01