

IMPROVEMENT PERMIT

01-5-3267

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) STAFFORD Land Co
Property Location: SR# NC 87
Subdivision: Roundabout STARWOOD AT Overhills Lot # 78

Tax ID #
Quadrant #
Number of Bedrooms Proposed: 3 (34x50) Lot Size: 1.185 Ac

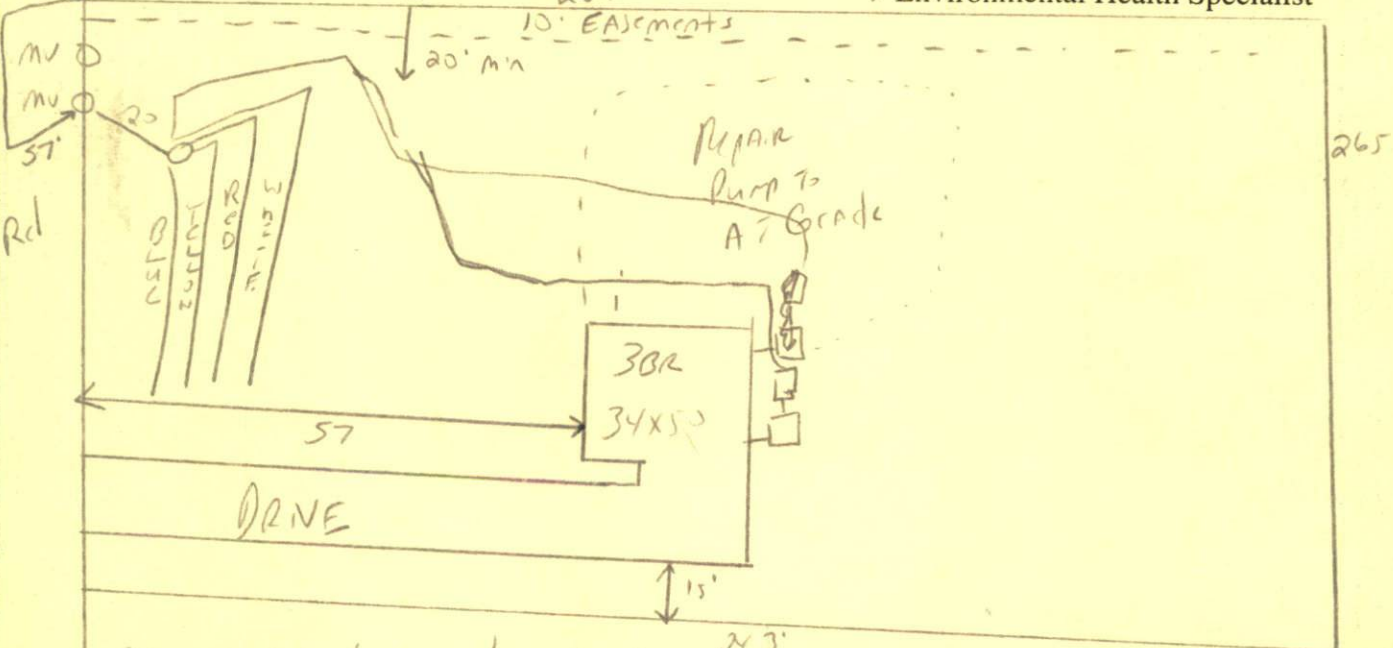
Basement with Plumbing:
Water Supply: Well Public Community
Distance From Well: 50 ft.
Garage:
Please note changes in house location. - MUST PLACE HOME WHERE SHOWN ON PERMIT OR PERMIT WILL BE VOID

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 4 exact length 75 width of 3 depth of 18 MAX
French Drain Required: Linear feet

Date: 11-26-01
Signed: J. W. Smith Environmental Health Specialist

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



MUST meet onsite Before installing septic system
Follow Flags as shown on permit - Do not Disturb Flags
Maintain All setbacks - MAY require consultant to Refine Area prior to installation of system

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 18943. 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.

STAFFORD Land Co 910-692-9808
Name Telephone #
780 - A NW Broad St. Southern Pines NC
Address
NC 87 - Roundabout Rd
Property Location SR# Road Name
Starwood at Overhills 7A 3(30x42) 753 ac
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional Other Pump to Conv. [] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public - Minimum Well Setback: 50 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 75 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.

Joe White 11-26-01
Signature of Authorized Agent for Harnett County Date