

IMPROVEMENT PERMIT 025-3781

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) Regency Homes New Installation Septic Tank
Property Location: SR# 1115 Repairs Nitrification Line

Subdivision Peachtree Crossing Lot # 100

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (49x51) Lot Size: .48 ac

Basement with Plumbing: Garage: MUST meet on site - Final Layout

Water Supply: Well Public Community MAY change - MUST AVOID AREA

Distance From Well: 50 ft. with shallow soils

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: 4 25 03 Septic Tank: 1000 gallons Pump Tank: 6754 gallons

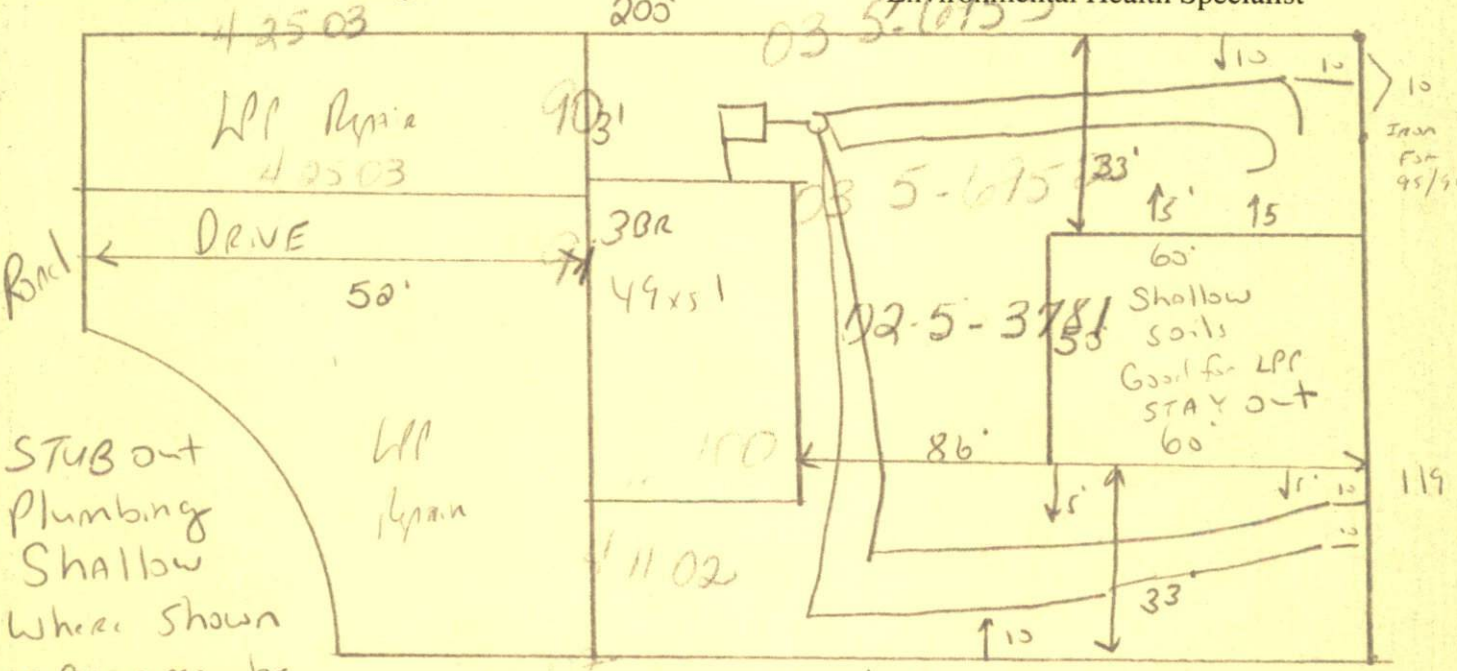
Subsurface Drainage Field No. of ditches 4 exact length 75 width of 3 depth of 18" max
of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain Required: _____ Linear feet

Date: 01-23-02

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

Signed: Joe Waters
Environmental Health Specialist



STUB out Plumbing Shallow Where Shown or pump may be Required.

Maintain All set backs - 18" max Ditch Depth - maintain All set backs - MUST meet on site before installing Do not DRIVE OR PARK ON Septic 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 # 18888. 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 Regency Homes

Name: _____ Telephone # 424-0155

Address: _____

Property Location: SR # 1115 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Peach Tree Crossing Lot # 100

Number of Bedrooms Proposed: 3(49x51) Lot size: .48 AC

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 75

Width of ditches 3 ft. Depth of ditches 18 MAT 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: 01-23-02

(Revised 2/96)CNSTRCT.WPD