

IMPROVEMENT PERMIT

025-3886 Revision

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 Home Inc
Property Location: SR# 1115
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Crestview Est. Lot # 71

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (40 x 55) Lot Size: 100 x 153 x 100 x 153

Basement with Plumbing: Garage: [checked]

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

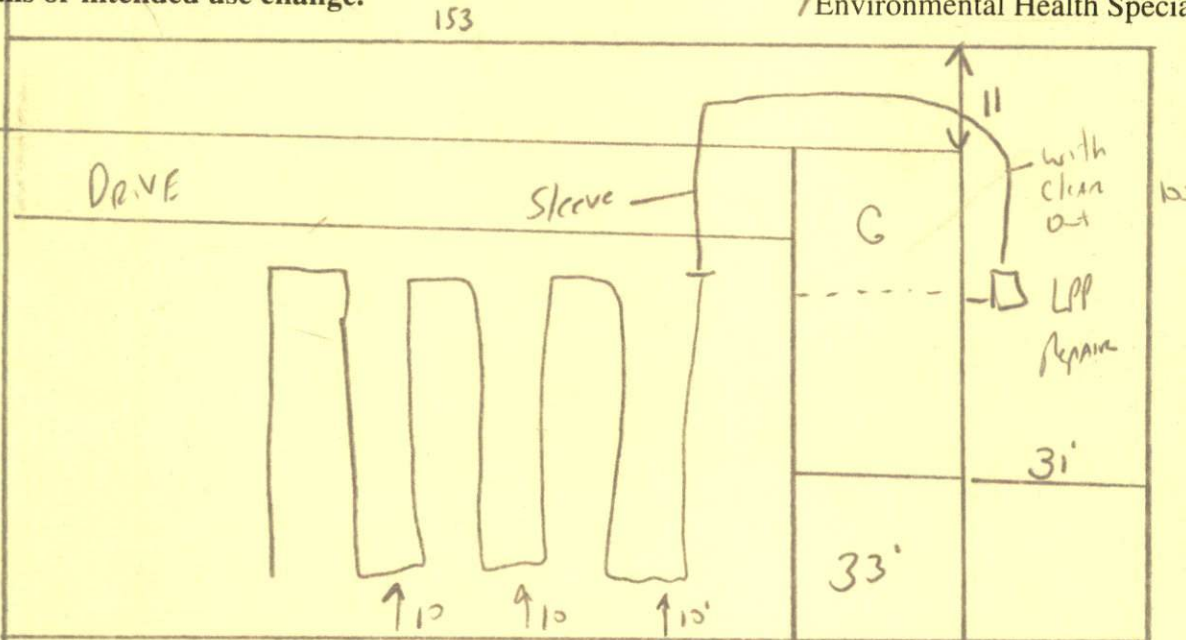
Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons

Subsurface Drainage Field: No. of ditches 1, exact length of each ditch 270 ft., width of ditches 3 ft., depth of ditches 18-24 in.

French Drain Required: Linear feet

Date: 3-15-02
Signed: [Signature] Environmental Health Specialist

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



STUB out Plumbing shallow where shown - sleeve PVC pipe under driveway - Do not Drive or park on septic system

ARNETT COUNTY HEALTH DEPARTMENT NT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 18741. 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 Regency Home Telephone # 910-424-0455

Address _____

Property Location SR# CRESTVIEW Road Name _____
Subdivision 71 Lot # 3(40x55) # Bedrooms Proposed 100x153x100x113 Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

Conventional Other _____

[] 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 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.

Signature of Authorized Agent for Harnett County [Signature]

Date 3-15-02