

IMPROVEMENT PERMIT 02-5-4080

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) Weaver Dev.

New Installation Septic Tank

Property Location: SR# NLAN

Repairs Nitrification Line

Subdivision Lone STAR Lot # 8

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (48x50) Lot Size: 0.51 Ac

Basement with Plumbing: Garage: Please note change in house

Water Supply: Well Public Community location - make plot plan

Distance From Well: 55 ft. Match my permit - This home is also part of

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

Type of system: Conventional Other _____ 3BR

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

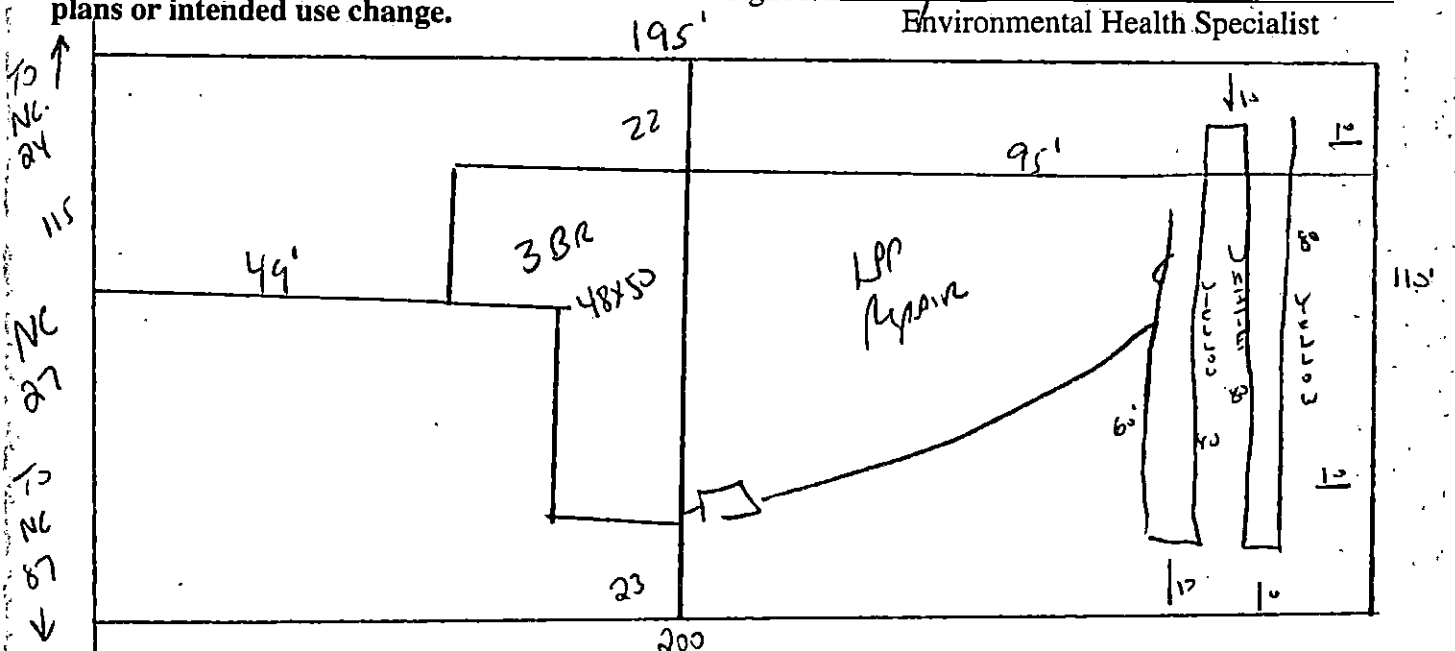
French Drain Required: _____ Linear feet

Date: 4-2-02

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

Signed: [Signature]

Environmental Health Specialist



Please note change in house location - MAINTAIN ALL SETBACKS FOLLOW CONTOURS meet on site Before installing - Do not Drive or Park on septic system STAB out plumbing shallow

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 # 19030. 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 W. A. W. Telephone # 910-630-2100

Address _____

Property Location SR# NC 27 Road Name _____

Subdivision Lonsdale Lot # 8 # Bedrooms Proposed 3 (48x50) Lot size 0.51 AC

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank Nitrification Lines

Conventional Other _____
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well [Public - Minimum Well Setback: 55 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 18 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 4-2-02