

02-5-4635

IMPROVEMENT PERM

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) Freedom Constructors New Installation Septic Tank
 Property Location: SR# 1703 Red Hill Church Rd Repairs Nitrification Line

Subdivision Harvest Grove Lot # 10

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 1.146 Ac

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50 ft.

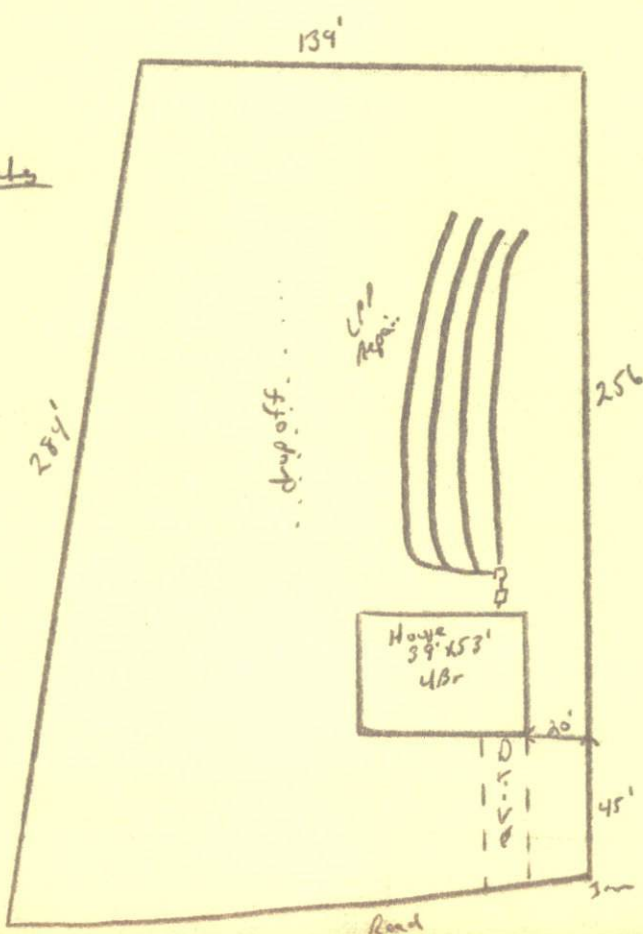
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field: No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-20 in.
 French Drain Required: _____ Linear feet

Date: 5/16/2002
 Signed: Bryan M. Union R.S.
 Environmental Health Specialist

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

* Maintain all setbacks
 * Run ditches on contour
 + 20 DEEPER than 20 inches



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 # 13874. 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.*

Freedom Construction 892-1231
Name Telephone #
P.O. Box 608 Dunn, N.C. 28335
Address
1703 Red Hill Church
Property Location SR# Road Name
Harvest Grove 10 4 1.146 Ac
Subdivision Lot # # Bedrooms Proposed 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.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18-20 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.

Bryce M. Swain R.S. 5/16/2002
Signature of Authorized Agent for Harnett County Date