

02-5-4666

HARNETT COUNTY HEALTH DEPARTMENT

13875

IMPROVEMENT PERMIT

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) Scott Carpenter
Property Location: SR# 1584 Homestead Ln
New Installation [checked]
Septic Tank [checked]
Repairs [unchecked]
Nitrification Line [checked]

Subdivision Homestead Lot # 5

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 2.25 Ac

Basement with Plumbing: [unchecked] Garage: [checked]
Water Supply: [unchecked] Well [checked] Public [checked] Community [unchecked]

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: [checked] Conventional [unchecked] Other _____

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18.24 in.

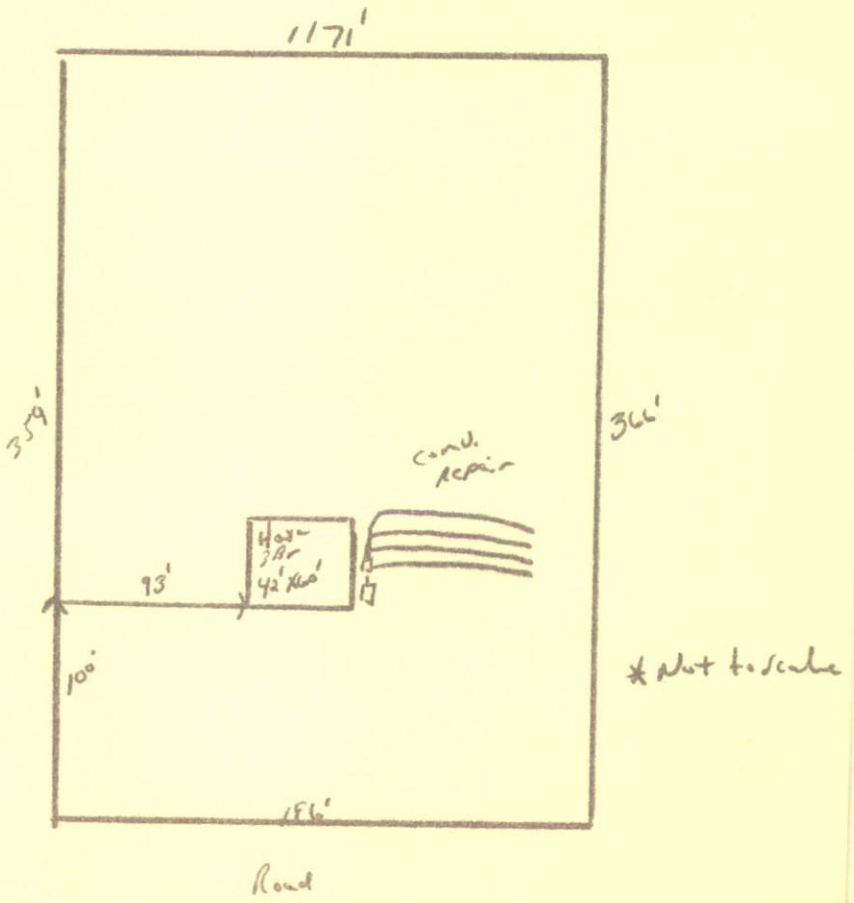
French Drain Required: _____ Linear feet

Date: 5/17/2002

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

Signed: [Signature] Environmental Health Specialist

* Maintain all setbacks
* Round ditches on contour



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 # 13875. 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.*

Scott Carpenter Name Telephone # 820-0964

111-A Kawaha, Lillington, N.C. 27546 Address

1584 Property Location SR# Homestead Road Name

Homestead Subdivision 5 Lot # 3 # Bedrooms Proposed 2.25Ac 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 75 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.

Bryan M. Lucas R.S. Signature of Authorized Agent for Harnett County Date 5/17/2002