

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) Kent Pierce New Installation Septic Tank
Property Location: SR# 1115 Repairs Nitrification Line

Subdivision Crestview Est Lot # 55

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (49x50) Lot Size: .45 ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 55 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

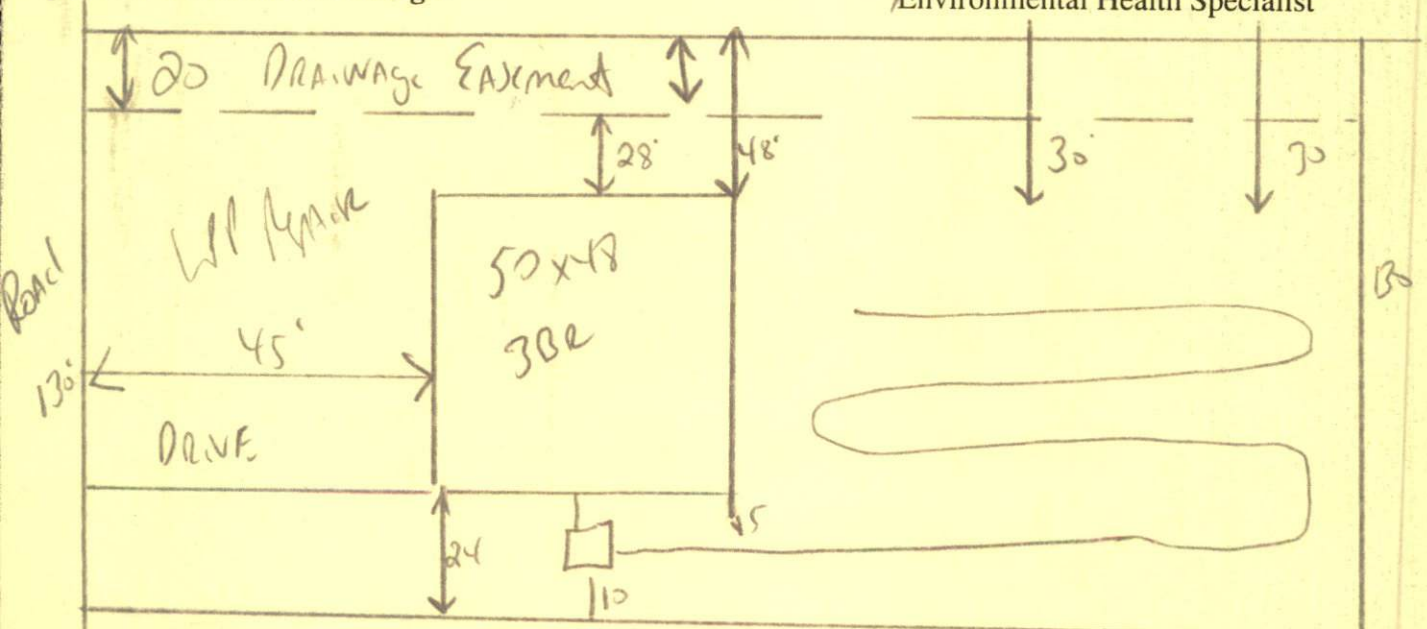
Subsurface Drainage Field No. of ditches 1 exact length 240 ft. width of ditches 3 ft. depth of ditches 30 in. 18-21

French Drain Required: _____ Linear feet

Date: 6-28-02

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

Signed: [Signature]
Environmental Health Specialist



STAB out Plumbing shallow where shown - 18 to 30"
Ditch Depth - MAINTAIN ALL JET BACKS KEEP DRAIN LINES 30'
FROM PROPERTY LINE WITH DRAINAGE EASEMENT ON IT
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

HA TT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19473. 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.*

Kent Pierce 424-1294
Name Telephone #

Address

1115
Property Location SR# Road Name

Crestview 55 3 (49x53) .45 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 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 18-30 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] 62802
Signature of Authorized Agent for Harnett County Date