

IMPROVEMENT PERMIT

02-5-4994

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

Subdivision Peach Tree Crossing Lot # 125

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (28x48) Lot Size: .40 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

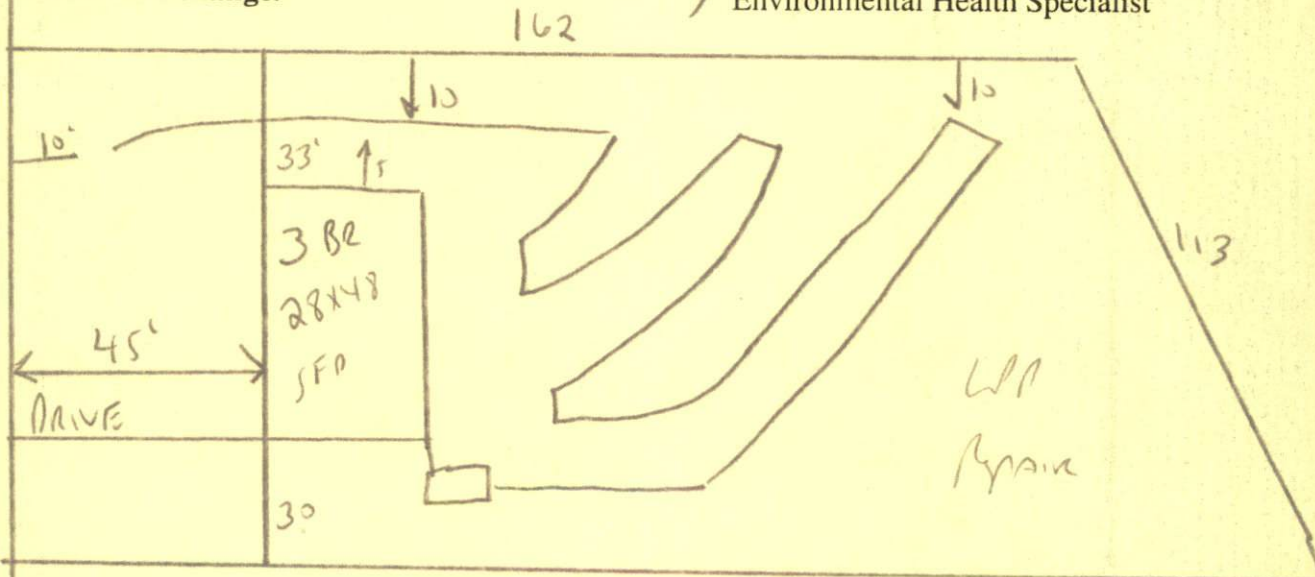
Subsurface Drainage Field No. of ditches: 1 exact length: 300 ft. width of ditches: 3 ft. depth of ditches: 18x4 in.

French Drain Required: Linear feet

Date: 7-1-02

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

Signed: Joe WRS Environmental Health Specialist



114

Rd

STUB out Plumbing shallow where shown
MAintain All set Backs - Do not Drive or Park on septic system

HARNETT 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 # 19475. 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 Kent Pierce Telephone # 424-1294

Address _____

1115

Property Location SR# _____ Road Name _____

Subdivision Peach Tree Crossing Lot # 125 # Bedrooms Proposed 3 (28x48) Lot size 4.0 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: _____ Ft.

Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 300 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 6-7-02