

IMPROVEMENT PERMIT

03-5-5452

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) Bass B. H. Homer New Installation Septic Tank
Property Location: SR# 1120 Repairs Nitrification Line

Subdivision STONE CROSS Lot # 22

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (53x68) Lot Size: .4Ac

Basement with Plumbing: Garage: NOTE This lot is Limited To

Water Supply: Well Public Community A 3BR Home only Please change

Distance From Well: 50 ft. Application To 3BR Home Note Change In House Location

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 of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18-24 in.

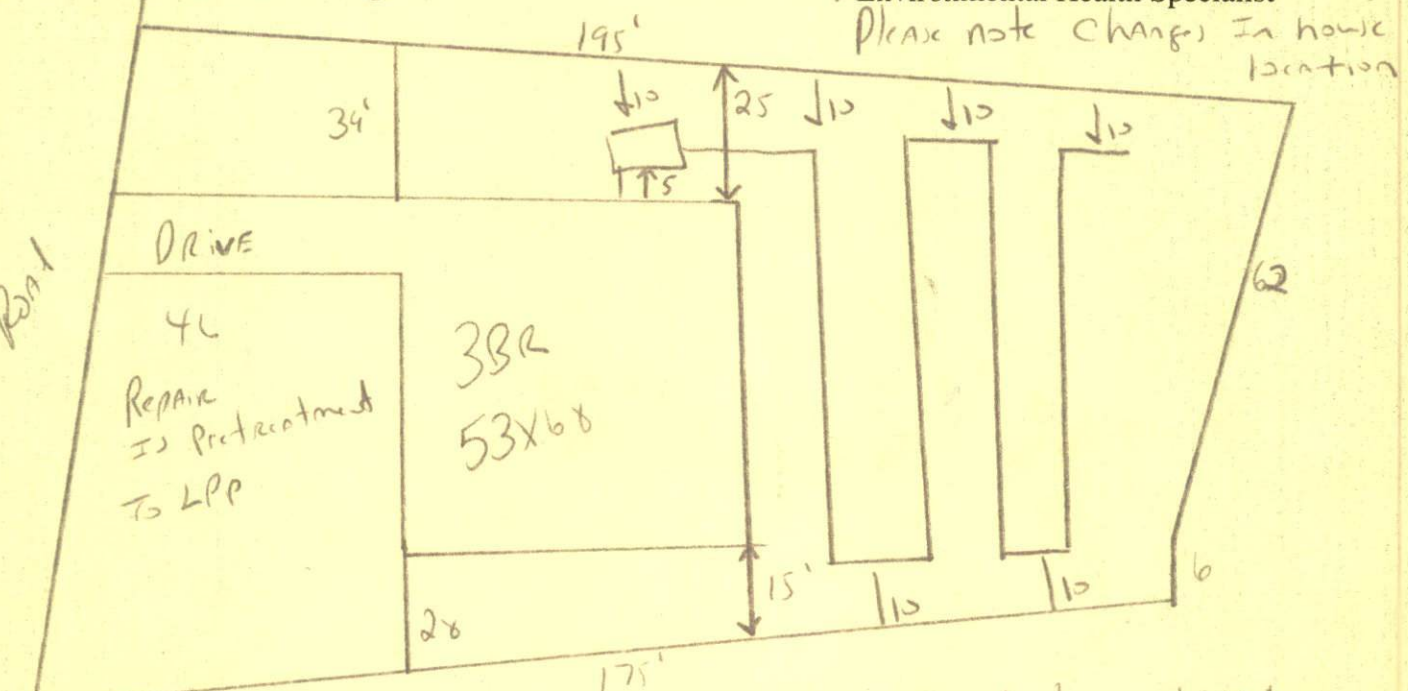
French Drain Required: _____ Linear feet

Date: 9-9-02

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

Signed: [Signature]

Environmental Health Specialist
Please note changes in house location



Meet onsite 18 to 24" Ditch Depth, - Start Lines at 18" Run To 24" Turn & go Back To 18" MAINTAIN ALL Sides 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 # 19571. 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.*

Bas Built Home 864-1253
Name Telephone #

Address _____

1120
Property Location SR# Road Name

Stone Cross 22 3 (53x68) 4.1
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 300 Ft.

Width of ditches 3 ft. Depth of ditches 18 1/4 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.

Joe L. Williams 9-9-02
Signature of Authorized Agent for Harnett County Date