

IMPROVEMENT PERMIT

03-5-5537

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) Weaver Dev.

New Installation  Septic Tank

Property Location: SR# 1115

Repairs  Nitrification Line

Subdivision The Summit Lot # 12

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 (27x49) Lot Size: 1/2 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 2 exact length of each ditch 100 width of ditches 3 depth of ditches 18-24 in.

French Drain Required: \_\_\_\_\_ Linear feet

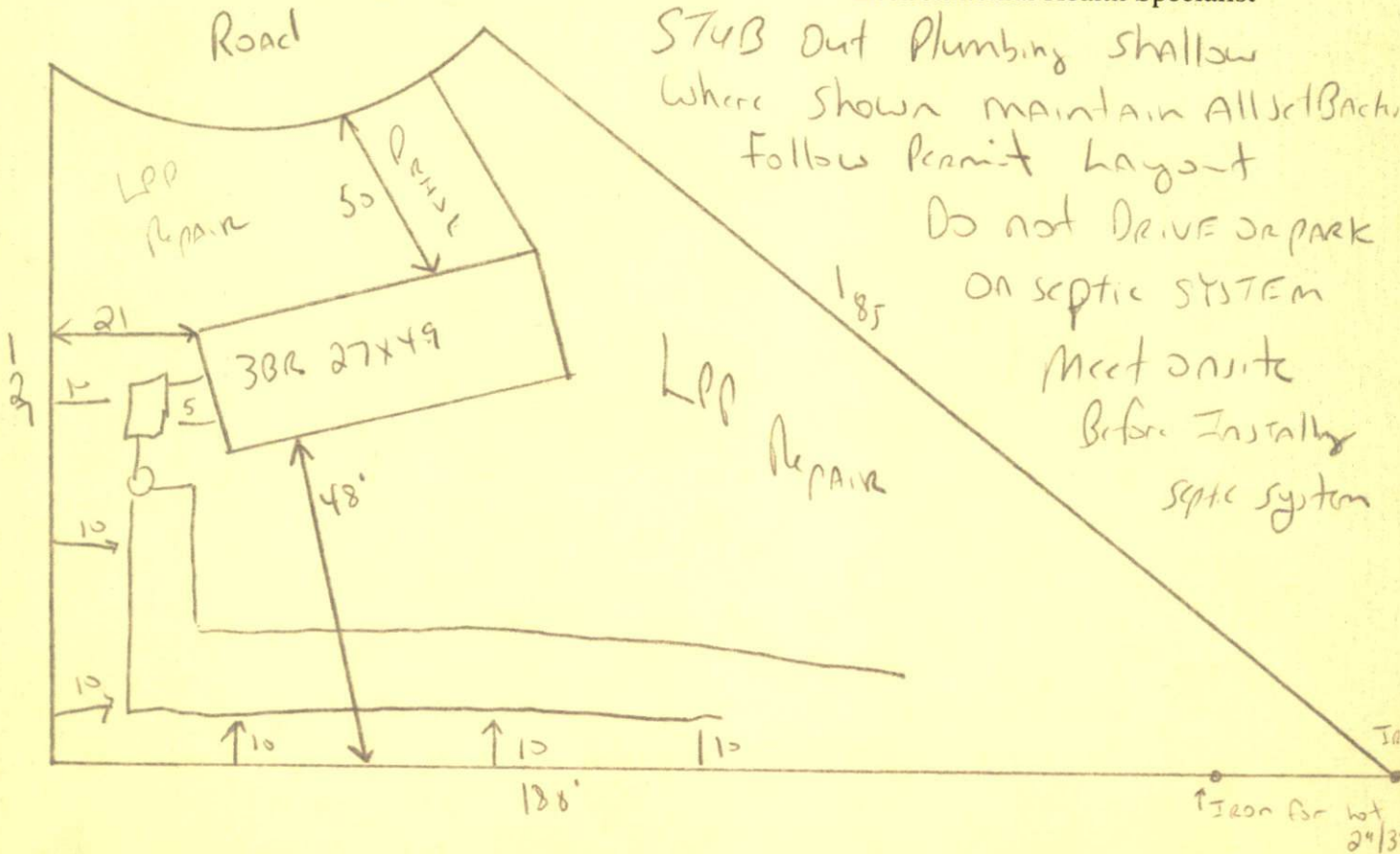
Date: 9-26-02

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

Signed: [Signature]

Environmental Health Specialist

STUB out Plumbing shallow where shown maintain All set Back Follow permit layout Do not Drive or park on septic system Meet onsite before installing septic system





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 # 19754. 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 Weaver Dea Telephone # 630-2100

Address 1115

Property Location SR# The Summit Lot # 12 Road Name 3 (27x49) Lot size 1/2 AC.  
Subdivision \_\_\_\_\_ # Bedrooms Proposed \_\_\_\_\_

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 2 Length of lines 100 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 9-26-02