

IMPROVEMENT PERMIT

03-5-5716 Rev.

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) Jimmy Picree New Installation Septic Tank
 Property Location: SR# 1115 Repairs Nitrification Line

Subdivision Peach Tree Lot # 48

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (50x32) Lot Size: .546 Ac

Basement with Plumbing: Garage: Please note change in side line
 Water Supply: Well Public Community Set Backs.
 Distance From Well: 50 ft.

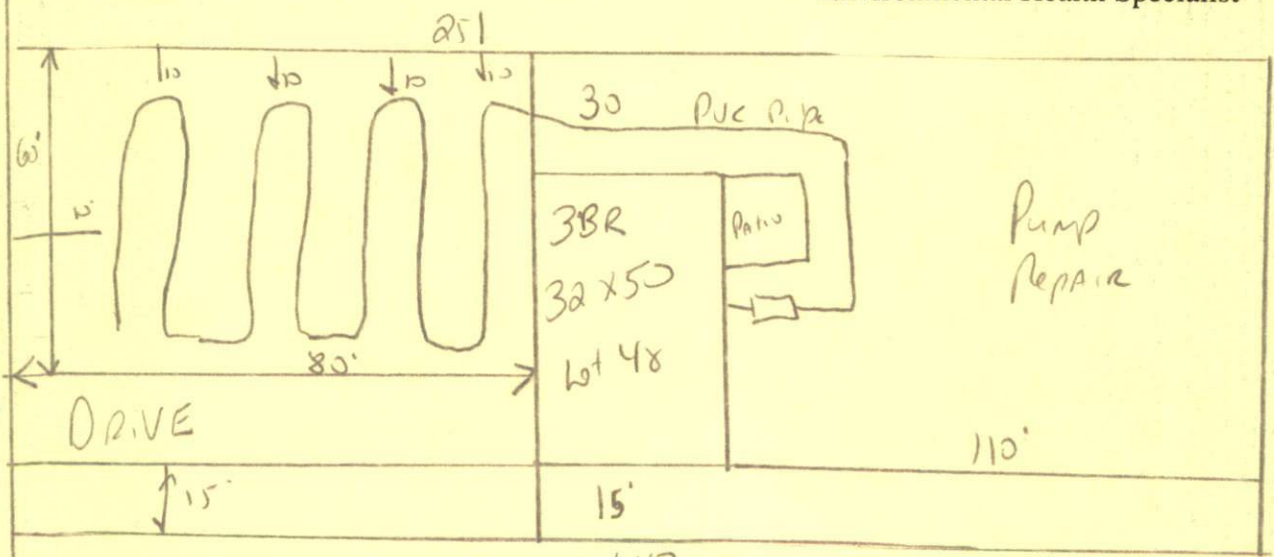
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18 in.
 French Drain Required: _____ Linear feet

Date: 10-5-02

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

Signed: [Signature]
 Environmental Health Specialist



STUB out Plumbing shallow where shown - Run PVC Pipe from Tank to around house until 18" ditch can be started and maintained. NOTE Changes in side line set backs meet on site before installing DO NOT DRIVE OR PARK ON 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 # 19793. 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.

Jimmy Rice 910-328-5257
Name Telephone #

Address _____

1115
Property Location SR# Road Name

Peach Tree 48 3(50x32) 546
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 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] 11-5-02
Signature of Authorized Agent for Harnett County Date