

IMPROVEMENT PERMIT

03-5-5830

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) Danny Morris New Installation Septic Tank
 Property Location: SR# 1115 Repairs Nitrification Line

Subdivision Crestview Lot # 102

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (50x33) Lot Size: 348 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

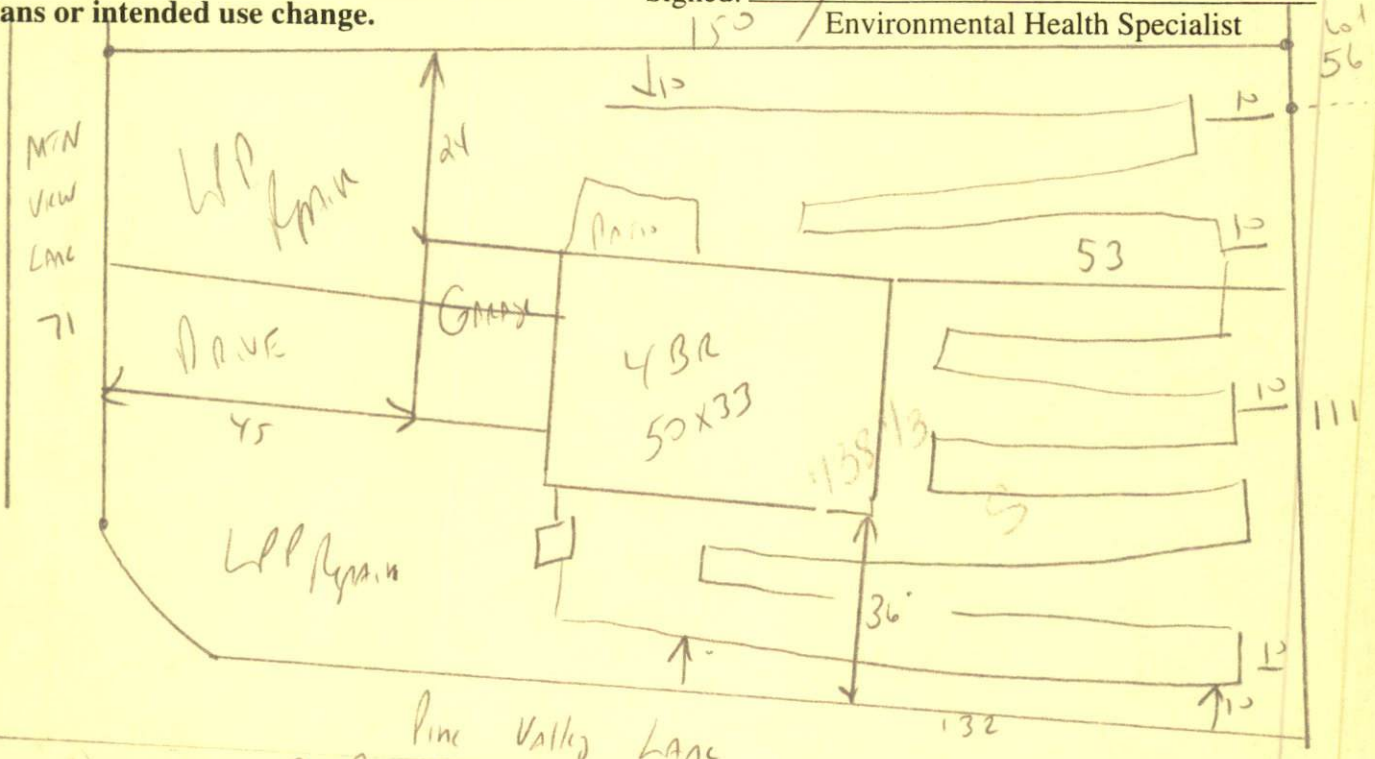
Subsurface Drainage Field No. of ditches 1 exact length 300 width of 3 depth of 1824 in. of each ditch 3 ft. ditches 3 ft. ditches 1824 in.

French Drain Required: _____ Linear feet

Date: 01-02-03

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

Signed: Joe Weber
 150 Environmental Health Specialist



Meet onsite Before Installing
 Stub out Plumbing shallow
 Maintain All Set Backs

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 # 19202. 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 Danny Woods Telephone # 910-892-4341

Address _____

1115

Property Location SR# Cleburn Road Name _____
Subdivision _____ Lot # 102 # Bedrooms Proposed 4(50x30) Lot size 0.348 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: 50 Ft.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 320 Ft.

Width of ditches 9 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 01-02-03