

IMPROVEMENT PERMIT

03-5-5832

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) Johnnie Canady

New Installation Septic Tank

Property Location: SR# 1115

Repairs Nitrification Line

Subdivision CRESTVIEW LAKES Lot # 12

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (32x36) Lot Size: 1.019 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

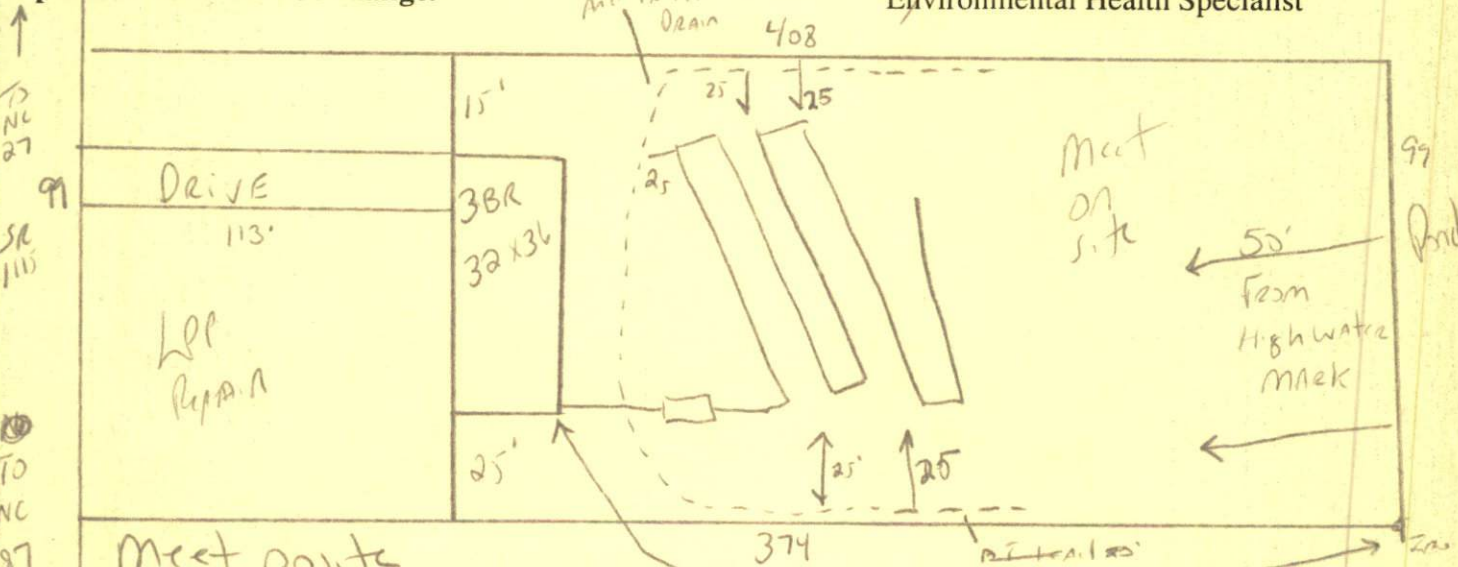
Subsurface Drainage Field No. of 1 exact length 240 width of 3 depth of 18 1/2 in.
ditches of each ditch ft. ditches ft. ditches in.

French Drain Required: Apply 200 to 300 Linear feet

Date: 12-4-02

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

Signed: [Signature]
Environmental Health Specialist



Meet on site
 Place French Drain Between House & SYSTEM
 Place Beam Below French Drain
 Place Beams & French Drain Along Property Lines So Adjoining Lots
 1. Same ~~as~~ Drain, Drain must be 20' Post septic system
 MAINTAIN ALL SETBACKS
 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 # 19908. 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.

Johnnie Canady
Name

919-422-8413
Telephone #

Address

1115

Property Location SR#

Road Name

Crestview Lakes

12

3 (32x36)

1.019 Ac

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 18-24 inches

French Drain: Linear feet required 200 to 200 Depth of gravel 36

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 White R
Signature of Authorized Agent for Harnett County

12-4-02
Date