

IMPROVEMENT PERMIT

03-55839

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) Johanna Canady New Installation Septic Tank
Property Location: SR# 1115 Repairs Nitrification Line

Subdivision Crestview Lake Lot # 14

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (54x35) Lot Size: 1.009 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

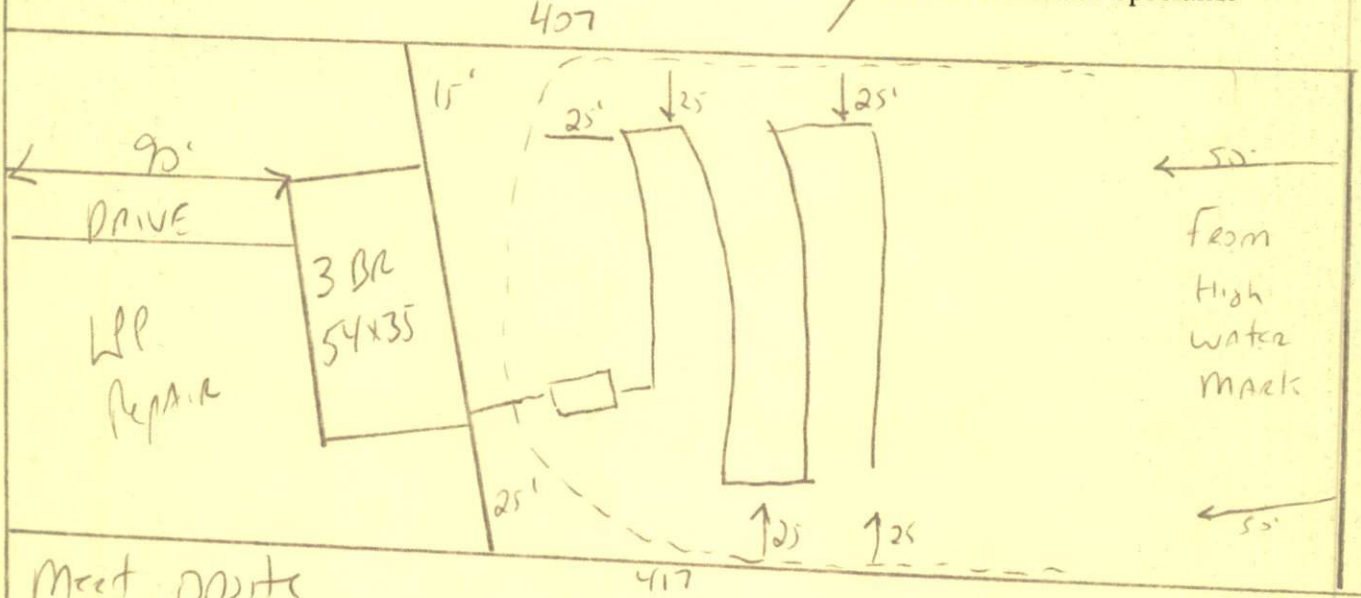
Subsurface Drainage Field No. of ditches 1 exact length 240 ft. width of 3 ft. depth of 18 1/2 in.

French Drain Required: Appx 200-300 Linear feet

Date: 12/4/02

Signed: [Signature] Environmental Health Specialist

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



Meet on site

Place French Drain & Beam Along Property Line so Adjacing Lots can utilize same ditch - Drain must extend 20' past septic system
Place French Drain & Beam Between House & Septic system
Place Beam Below French Drain maintain All wet breaks
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 # 19912. 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 Johnnie Canady Telephone # 919-422-8413

Address _____

1115

Property Location SR# Crestview Lakes Road Name _____
Subdivision 14 Lot # 3(54x35) # Bedrooms Proposed 1.009 AC 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 2075.300 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.

Signature of Authorized Agent for Harnett County Joe Went R Date 12-4-02