

IMPROVEMENT PERMIT

03-5-6556

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) Johanne Canada New Installation Septic Tank
 Property Location: SR# 1115 Repairs Nitrification Line

Subdivision Lake Creekview Lot # 9

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (30x50) Lot Size: 100 x 312 x 95 x 298

Basement with Plumbing: Garage: MUST meet onsite Before

Water Supply: Well Public Community INSTALLING

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

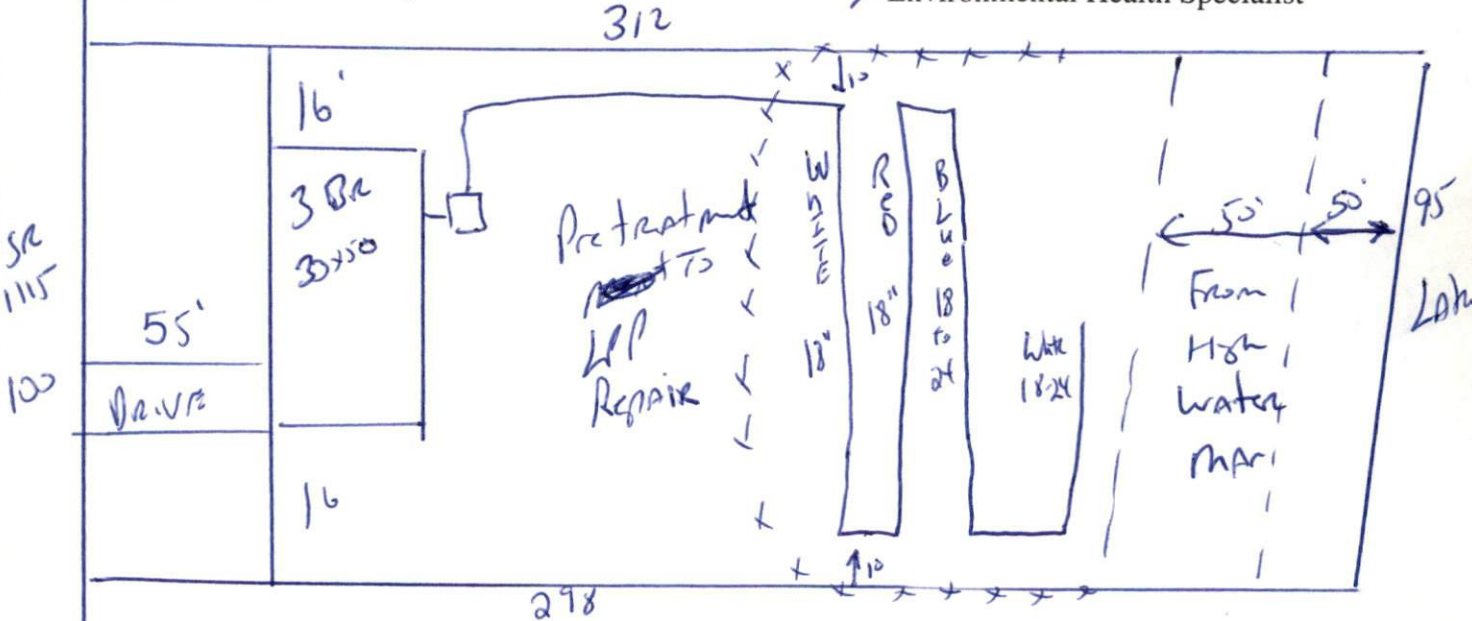
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 270 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 5-12-03

Signed: [Signature]
 Environmental Health Specialist

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



MUST meet onsite Before Installing - First 2 Lines Red & White Are 18" max Ditch Depth - Blue & White Are 18 to 24" MAINTAIN ALL SETBACKS DO NOT DRIVE OR PARK ON SEPTIC SYSTEM Place Beam Above System - Suggest That Start System at Bottom & Work Backwards.

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 # 20070. 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.

Johniz Canady

422-8413

Name

Telephone#

Address

SK1115

Property Location SR#

Road Name

Lake Crestview

9

3 (3x50)

100 x 312 x 95 x 298

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 Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 270 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]

Signature of Authorized Agent for Harnett County of Harnett

5-12-03

Date