

IMPROVEMENT PERMIT

03-5-6570

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 Pierce New Installation Septic Tank

Property Location: SR# 1115 Repairs Nitrification Line

White Oak Circle

Subdivision Peachtree Lot # 411

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (36 x 48) Lot Size: .462 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

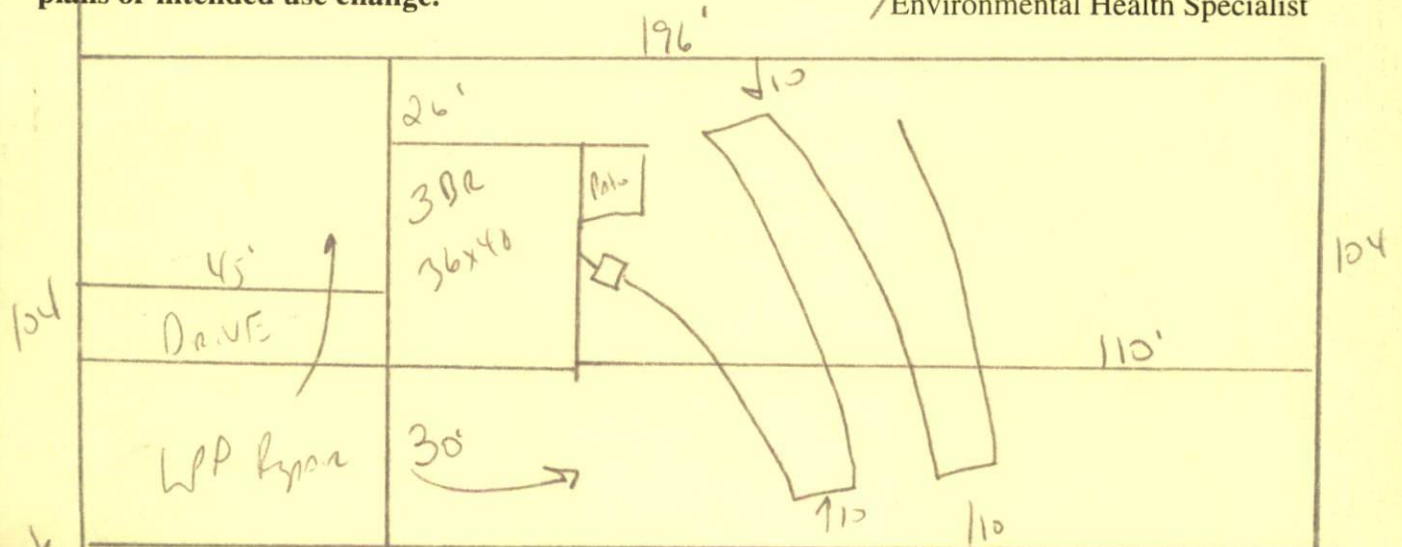
Subsurface Drainage Field No. of 1 exact length 240 width of 3 depth of 18 in. ditches of each ditch ft. ditches ft. ditches in.

French Drain Required: _____ Linear feet

Date: 03-17-03

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

Signed: [Signature] Environmental Health Specialist



White Oak Circle
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 # 19266. 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

Simmons Race/Horse Co

Telephone#

328-5257

Address

1115

Property Location SR#

Leath's

Subdivision

Lot #

41

Bedrooms Proposed

3 (36x48)

Lot Size

462m

Road Name

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 _____ gal

Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields _____

of lines per field _____

Length of lines _____ Ft.

Width of ditches _____

ft. Depth of ditches _____ inches

_____ 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 of Harnett

[Signature]

Date

08-17-03