

IMPROVEMENT PERMIT

03-56747

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) Kent Pierce
Property Location: SR# 1115
New Installation
Septic Tank
Repairs
Nitrification Line

Subdivision Crestview Est Lot # 121

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (56x34) Lot Size: .37 AC

Basement with Plumbing: Garage: NOTE changes in how location - may be able to get out of pump.
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 Pump to Conventional

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

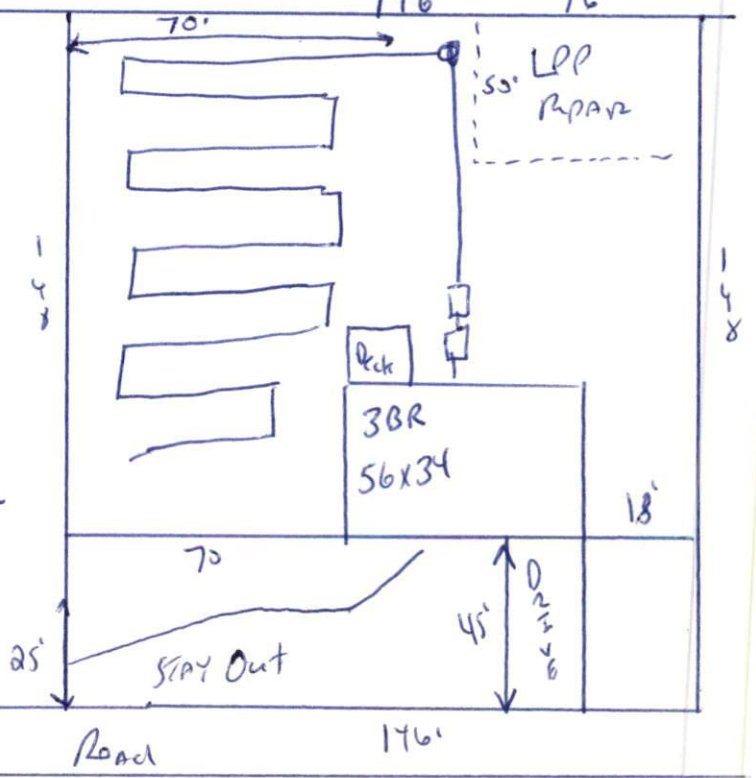
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 width of ditches 3 depth of ditches 18.24 in.

French Drain Required: Linear feet

Date: 04-10-03
Signed: J. W. [Signature]
Environmental Health Specialist

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

STUB out Plumbing
As high as possible
MAY not require Pump
Meet onsite for Final Layout
MAINTAIN ALL set Backs
Do not DRIVE or park on septic system
Keep out of an area in the front 30' from top of the ditch over to the DRIVE.



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 # 19246. 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 Kent Pierce Telephone# 424-1294

Address _____

Property Location SR# 1115 Road Name _____

Subdivision CRESTVIEW Lot # 121 # Bedrooms Proposed 3 (56x34) Lot Size .37 ac

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
 Conventional Other Pump to Conv.
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: _____ Ft.
Septic Tank 1000 gal Pump Chamber 1200 gal

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 _____ 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 04-10-03