

IMPROVEMENT PERMIT

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

Subdivision CRESTVIEW EST. Lot # 123

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (56x34) Lot Size: .84 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 Pump to Conventional

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

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18-24 in.

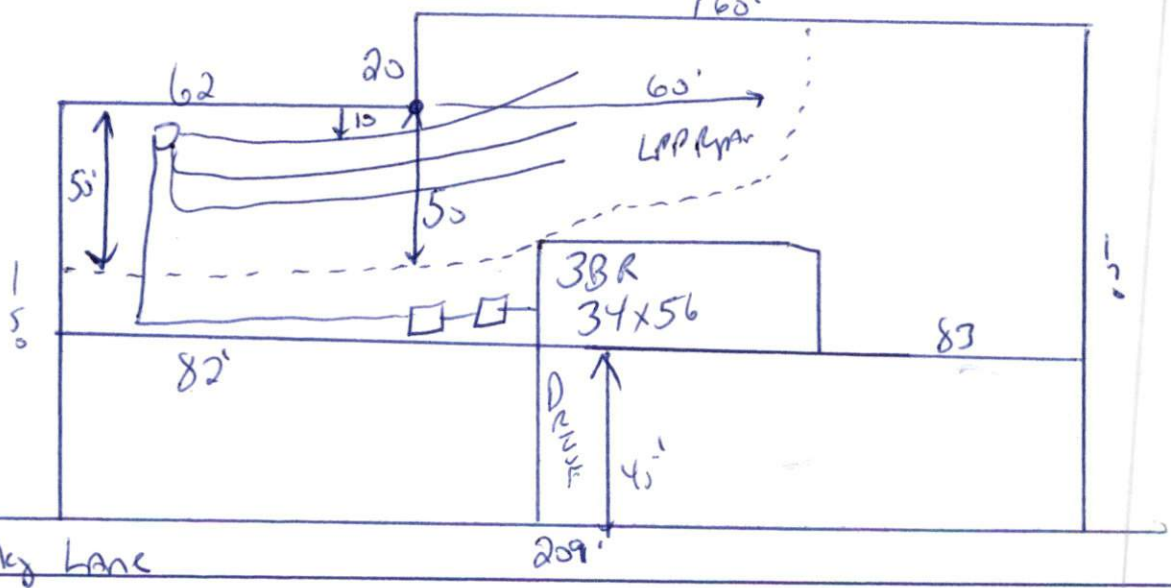
French Drain Required: _____ Linear feet

Date: 4-10-03

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

Signed: Joe Waters
Environmental Health Specialist

Meet on site for FINAL Layout



MAINTAIN ALL SETBACKS
 Do not Drive or park on septic system
~~Meet~~ meet on site for Final layout

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 # 19245. 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 # 123 # Bedrooms Proposed 3 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 3 Length of lines 80 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 Jon Waters Date 4-10-23