

IMPROVEMENT PERMIT

No 19298  
03-5-6754

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

Subdivision Crestview Est. Lot # 132

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3(34x58) Lot Size: .1344ac

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 \_\_\_\_\_

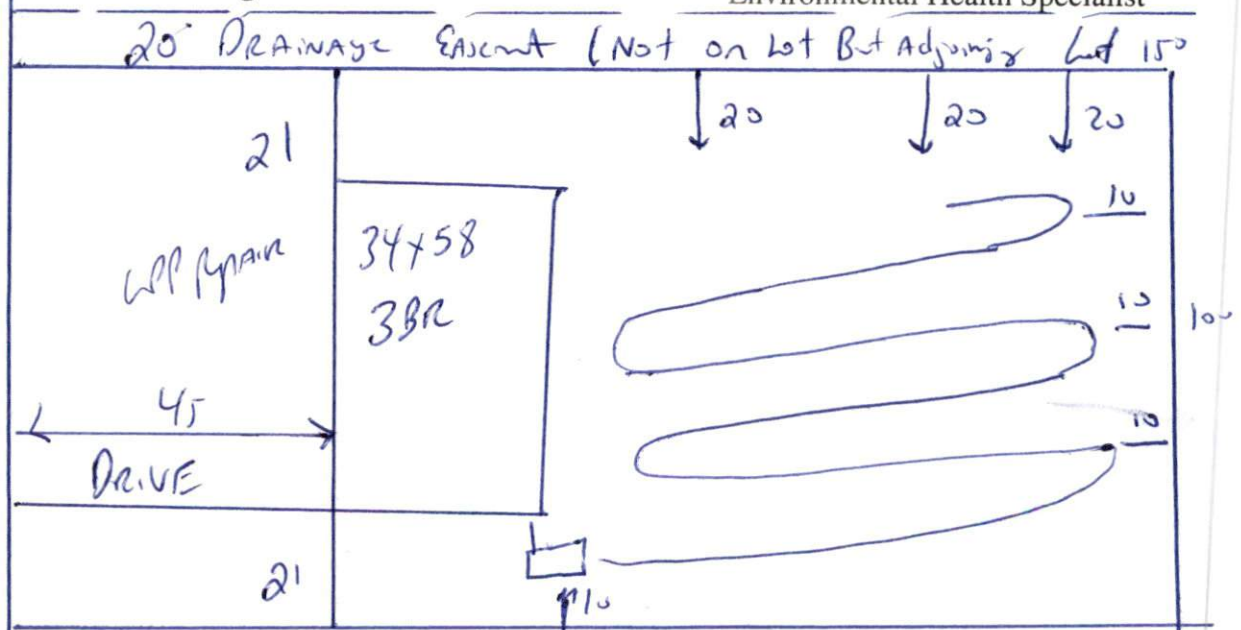
Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of 1 exact length 240 width of 3 depth of 18 2/4 in.  
ditches \_\_\_\_\_ of each ditch \_\_\_\_\_ ft. ditches \_\_\_\_\_ ft. ditches \_\_\_\_\_ in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 4-9-03  
Signed: [Signature]  
Environmental Health Specialist

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



STAB out Plumbing where shown  
MAINTAIN ALL SETBACKS  
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM  
KEEP DRAIN LINES 20' FROM DRAINAGE EASEMENT

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 # 19298. 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# 115 Road Name \_\_\_\_\_

Subdivision CRESTVIEW Lot # 132 # Bedrooms Proposed 3 (34x58) Lot Size 0.344 ac

**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 240 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 of Authorized Agent for Harnett County of Harnett Jon Waters Date 4-9-03