

IMPROVEMENT PERMIT

No 19410

03-5-6841

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) STAFFORD Custom Homes

New Installation Septic Tank

Property Location: SR# NC 87

Repairs

Nitrification Line

Subdivision STARWOOD AT Overhills

Lot # 74

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3 (25x30)

Lot Size: • 707ac

Basement with Plumbing:

Garage: MUST meet on-site Before Installing Septic system

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 ditches 1 exact length 350 ft. width of ditches 3 ft. depth of ditches 18 in. ^{MAX}

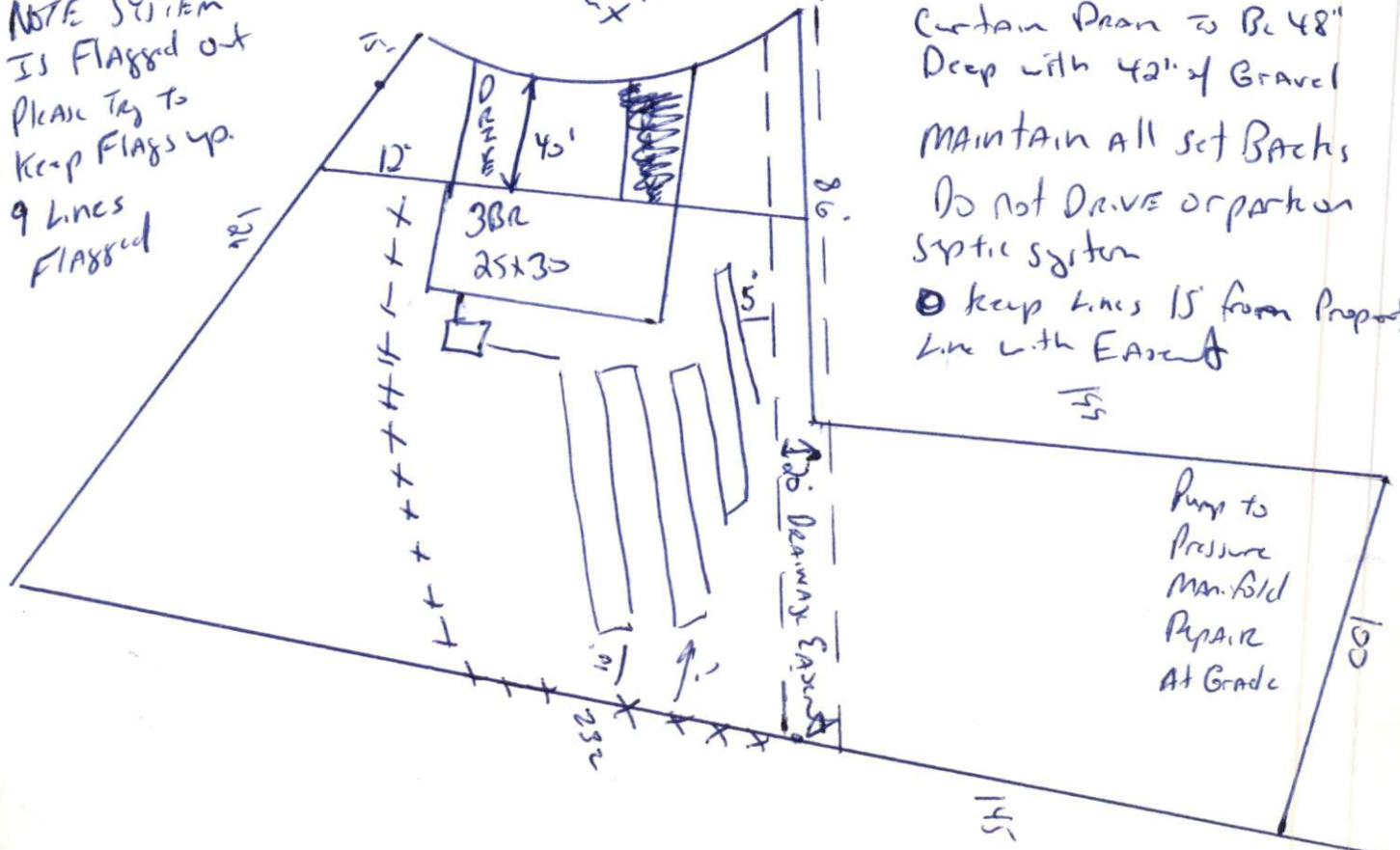
French Drain Required: 300' approx Linear feet

Date: 5-28-03

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

Signed: Joe WARD
Environmental Health Specialist

NOTE SYSTEM IS FLAGGED out PLEASE TRY TO KEEP FLAGS UP. 9 LINES FLAGGED



Certain Drain to Be 48" Deep with 42" of Gravel MAINTAIN ALL set BACKS Do not Drive or park on Septic system ● keep Lines 15' from Property Line with 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 # 19410. 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.

Stafford Homes
Name _____ Telephone# _____

Address
NC 87

Property Location SR# _____ Road Name _____
STARWOOD AT OVERHILL 74 3(25x30) .707 ac
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: 50 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITIRFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 750 Ft.
Width of ditches 3 ft. Depth of ditches 18 inches
French Drain: Linear feet required 1800 Depth of gravel 42"

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] _____ Date 5-28-07
Signature of Authorized Agent for Harnett County of Harnett