

IMPROVEMENT PERMIT

03-5-7381

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) Weaver Dev.
Property Location: SR# 1141

New Installation Septic Tank
 Repairs Nitrification Line

Subdivision The Summit Lot # 30

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (46x53) Lot Size: 1/3 AC

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 ft.

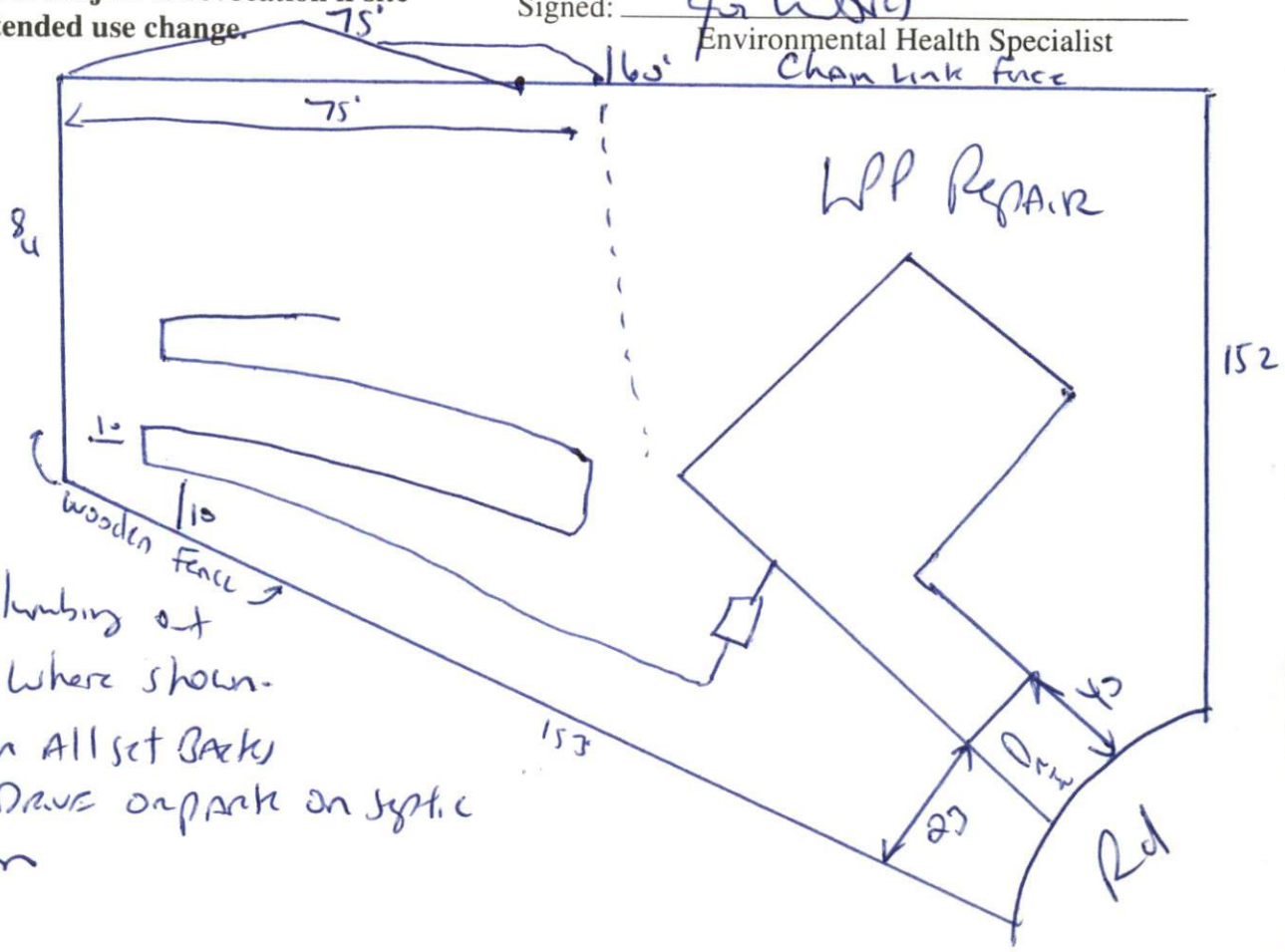
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18-24 in.
French Drain Required: _____ Linear feet

Date: 6-30-03

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

Signed: [Signature]
Environmental Health Specialist
Cham Link Face



STUB Plumbing out shallow where shown. 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 # 17450. 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.

Weaver Ave Name 630-2100 Telephone#

Address

1141

Property Location SR# The Summit Lot # 30 # Bedrooms Proposed 4 (46x53) Road Name 1/3 ac

Subdivision The Summit Lot # 30 # Bedrooms Proposed 4 (46x53) Road Name 1/3 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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 1804 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] Signature of Authorized Agent for Harnett County of Harnett 6.30.07 Date