

IMPROVEMENT PERMIT

03-5-7415

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 Lot # 1110

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (58x36) Lot Size: .356 Ac

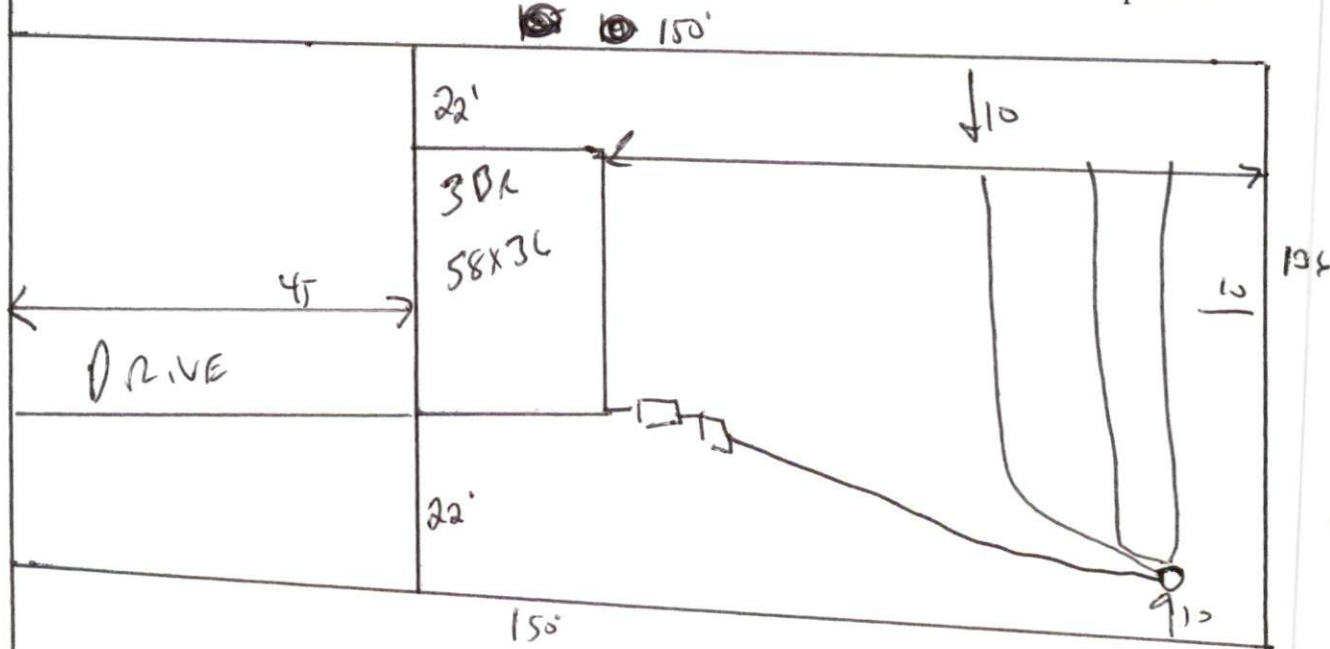
Basement with Plumbing: Garage:
Water Supply: Well, Public, Community
Distance From Well: 50 ft.

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: 7-7-03
Signed: [Signature] Environmental Health Specialist

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



STUB out plumbing shallow where shown & Pump may not be Required
Maintain ALL setbacks 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 # 20154. 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 Ment Preece Telephone# 424-1225 ???

Address _____

1115

Property Location SR# _____ Road Name _____

Subdivision Coastview Lot # 111 # Bedrooms Proposed 3 (58x36) Lot Size .356

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other Septic Converter

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 80 Ft.

Width of ditches 2 ft. Depth of ditches 18 1/4 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 7-7-07