

HTE 03-5-8186

HARNETT COUNTY HEALTH DEPARTMENT

20386

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) CUSTOM CONTRACTING New Installation Septic Tank
Property Location: SR# 1201 Repairs Nitrification Line
Right onto Fern Ridge then Right onto Green Links
Subdivision CAROLINA SEASONS Lot # H-26

Tax ID # _____ Quadrant # _____
Number of Bedrooms Proposed: 3 (54x55) Lot Size: .44 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 200 ft. width of ditches 3 ft. depth of ditches 18-24 in.

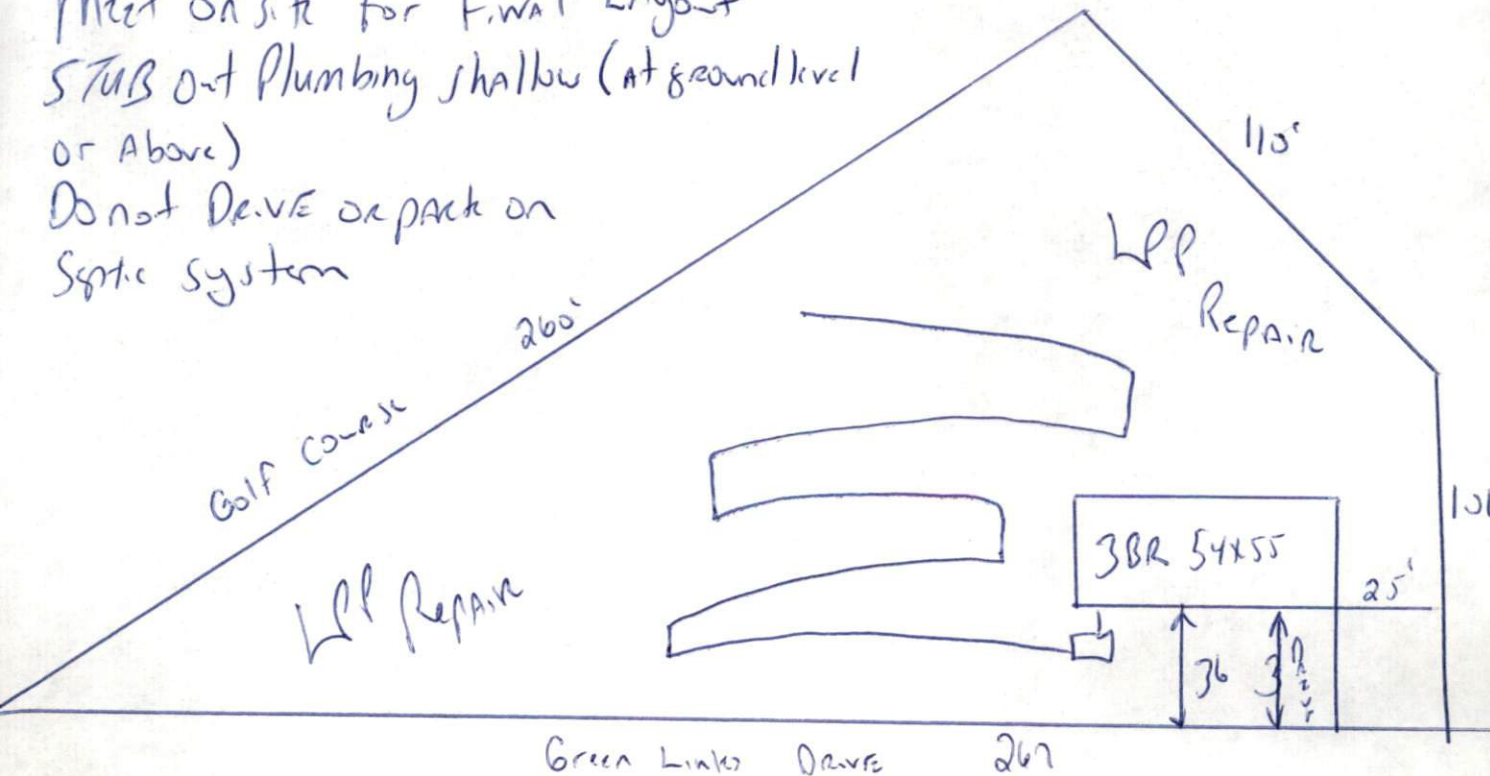
French Drain Required: _____ Linear feet

Date: 11-24-03

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

Signed: [Signature]
Environmental Health Specialist

Meet on site for Final Layout
STUB out Plumbing shallow (at ground level or above)
Do not Drive or pack on Septic system



HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20386. 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 Custom Contracting Telephone# _____

Address _____

Property Location SR# 1201 Road Name _____

Subdivision CAROLINA SEASON Lot # H-26 # Bedrooms Proposed 3(54x55) Lot Size .44ac

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 200 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 [Signature] Date 11-24-07