

HTE 03-5-8191R

IMPROVEMENT PERMIT

21165

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
Property Location: SR# 1201

[X] New Installation [X] Septic Tank
[] Repairs [X] Nitrification Line

Subdivision CAROLINA SEASONS Lot # D-3
Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (28x56) Lot Size: .39 AC

Basement with Plumbing: [] Garage: [X] MAX house size 3 BR
Water Supply: [] Well [X] Public [] Community
Distance From Well: ft. MUST meet onsite

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

Type of system: [] Conventional [X] Other Pump to 2' chamber

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

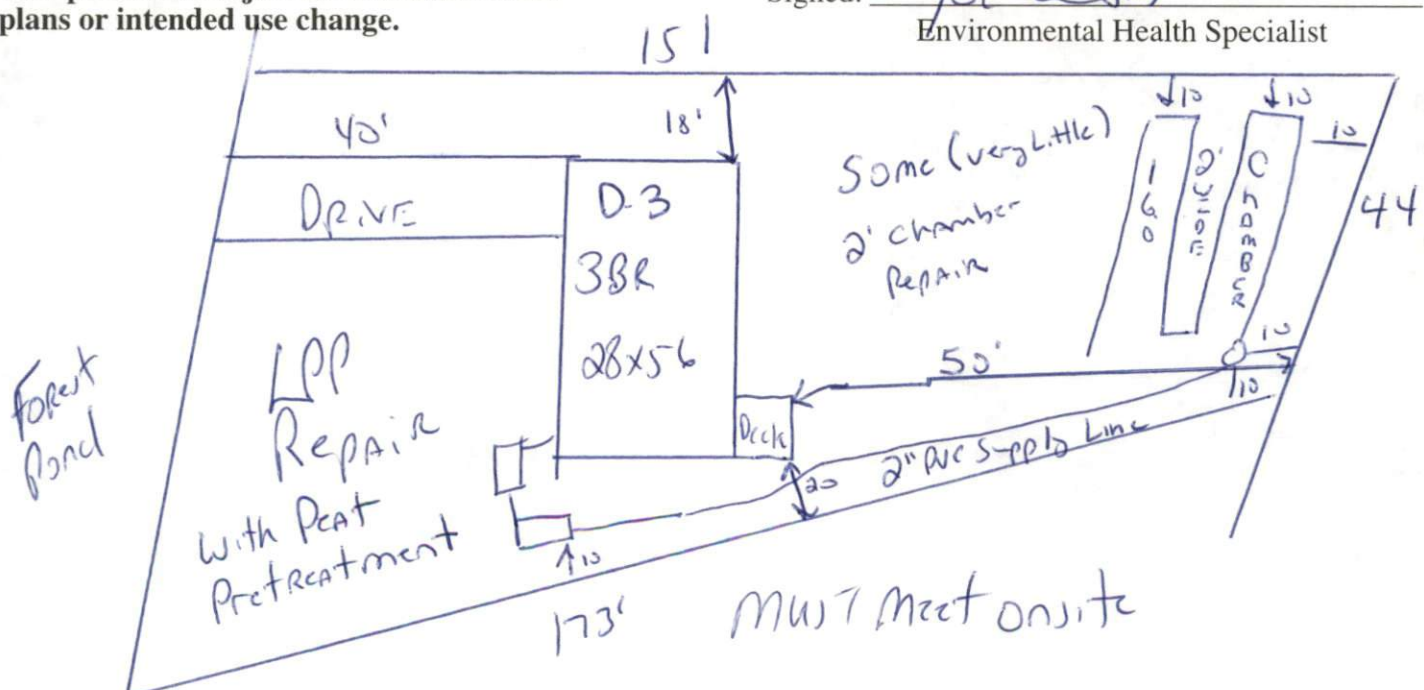
Subsurface Drainage Field No. of ditches 1 exact length 160 ft. width of ditches 24 ft. depth of ditches 18-22.

French Drain Required: Linear feet

Date: 12-18-03

Signed: [Signature] Environmental Health Specialist

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



DRIVE MUST BE AS SHOWN TO ACCOMMODATE REPAIR AREA
NEEDS 2' WIDE CHAMBER BACK FILL WITH WASHED 3/8 TO THE
TOP & LOUVERS ON 2' WIDE CHAMBER DITCHES MUST BE 7' ON CENTERS

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 # 21165. 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

Subdivision Carolina Seasons Lot # D-3 # Bedrooms Proposed 3(28x56) Road Name 39th Lot Size _____

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other Pump to 2' chamber
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 160 Ft.
Width of ditches 2 ft. Depth of ditches 18.22 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 12-18-03