

HTE 03-5-8322

HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

21153

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 New Installation Septic Tank
Property Location: SR# 1115 Repairs Nitrification Line

Subdivision Crestview Lot # 118

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (36x59) Lot Size: .26ac

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

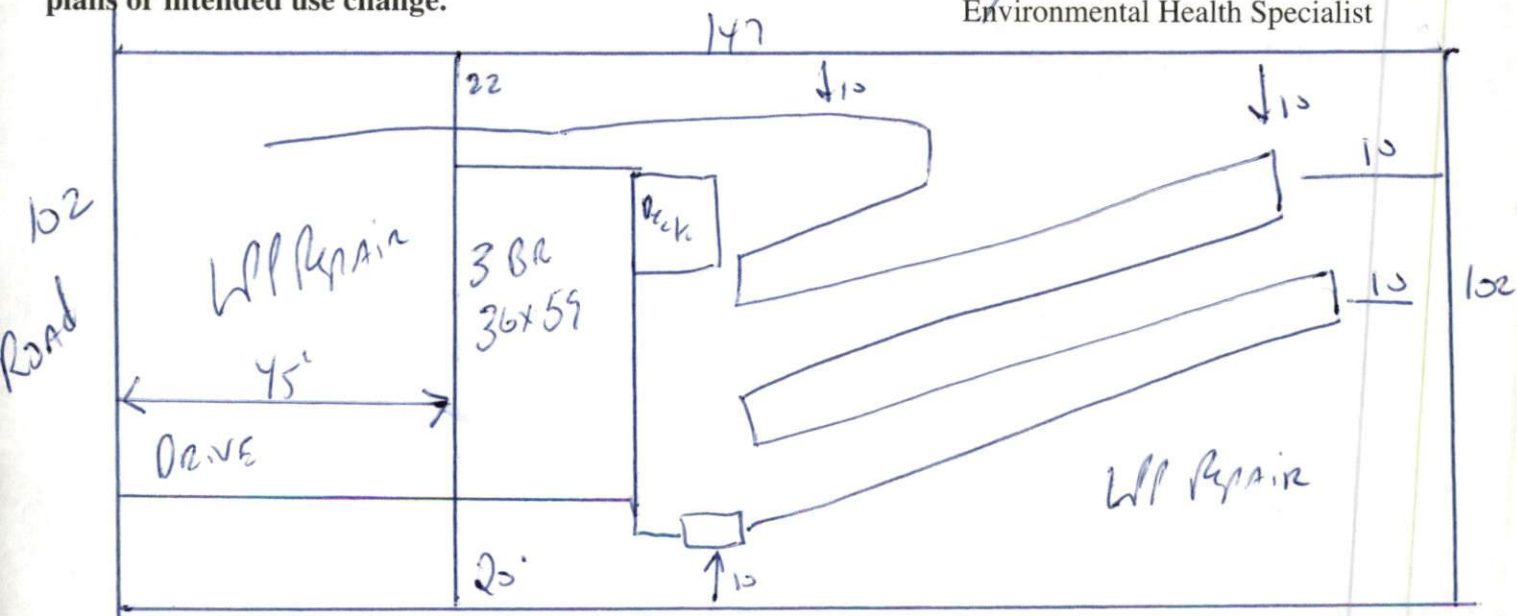
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18 1/2 in.

French Drain Required: _____ Linear feet

Date: 12-9-03

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

Signed: Joe LARS
Environmental Health Specialist



Stub out Plumbing shallow
MAINTAIN ALL SETBACKS

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

21153

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 03-5-8382. 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 Kent Picee Telephone# _____

Address _____

1115

Property Location SR# Crestview Road Name _____
Subdivision 118 Lot # 3(36x59) # Bedrooms Proposed 26 AC 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: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 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.

J. W. H. R. S.
Signature of Authorized Agent for Harnett County of Harnett

12-9-03
Date