

HTE 04-5-9264

IMPROVEMENT PERMIT

20558

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. New Installation Septic Tank
 Repairs Nitrification Line

Property Location: SR# 1141
Timber Line Drive

Subdivision The Summit Lot # 42

Tax ID # _____ Quadrant # _____
 Number of Bedrooms Proposed: 3(35 x 58) Lot Size: .38 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

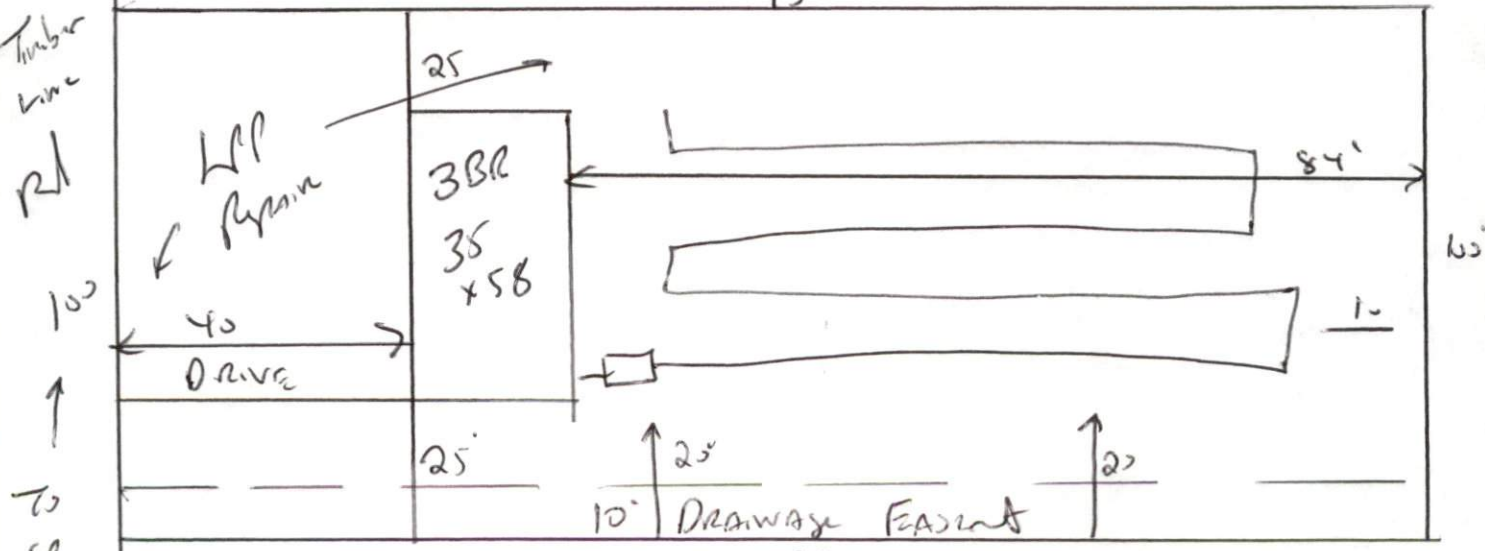
Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 04-27-04

Signed: Jon Weber
 Environmental Health Specialist

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



Keep drain lines 20' from property line with drainage easement along it. MAINTAIN ALL SET BACKS - STUB OUT plumbing shallow - ground level or higher.

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20558. 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 Weaver Telephone # _____

Address _____

1141

Property Location SR# _____ Road Name _____

Subdivision The Summit Lot # 42 # Bedrooms Proposed 3 (35 x 38) Lot Size .38 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 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 Joe West RS

Date 4.27.04