

00-40000677

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) Barnett & Vannoy New Installation Septic Tank
Property Location: SR# off 1120 Repairs Nitrification Line

Subdivision Stone Cross Lot # 43

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Three Lot Size: _____

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 Polystyrene Aggregate Trench

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

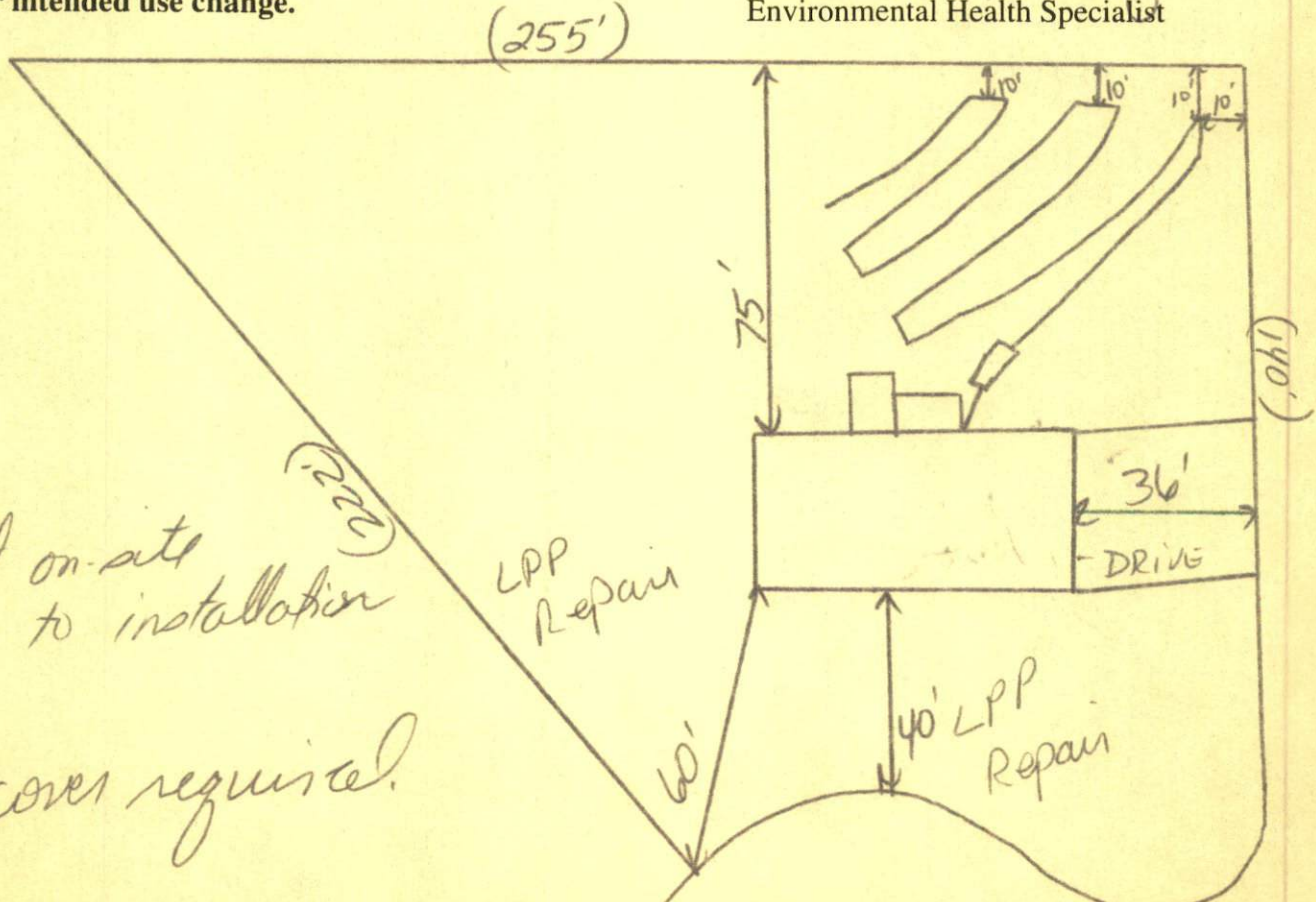
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 180 ft. width of ditches 3 ft. depth of ditches 12" in.

French Drain Required: _____ Linear feet 6" cover required.

Date: 17 July 2003

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

Signed: Vincent P. Boyd
Environmental Health Specialist



meet on-site prior to installation

6" cover required.

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 # 17321. 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.

Owner or Authorized Agent _____

Name: Barrett & Vannoy Telephone # 864-2111

Address: PO Box 35547 Fay, NC

Property Location: SR # 1120 Road Name Overshills

New Installation Repair Septic Tank Nitrification Lines

Subdivision Stone Cross Lot # 43

Number of Bedrooms Proposed: Three Lot size: _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Minimum Well Setback: 50 ft.

Type of System: Conventional Other Polystyrene Aggregate Trench Inst 95-3R

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 180 feet

Width of ditches 3 ft. Depth of ditches 12" inches 6" cores required

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.

Authorized Agent for Harnett County Health Department

Name: Vernice R. Wolf Date: 17 July 2000

(Revised 2/96)CNSTRCT.WPD