

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) K. L Arnold Corp New Installation Septic Tank
Property Location: SR# HWY 24 Repairs Nitrification Line

Subdivision Heritage Village Lot # G-18

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 18,001 sq ft plus

Basement with Plumbing: Garage: Septic Easement

Water Supply: Well Public Community

Distance From Well: 50 min ft.

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

Type of system: Conventional Other Pumps Conventional

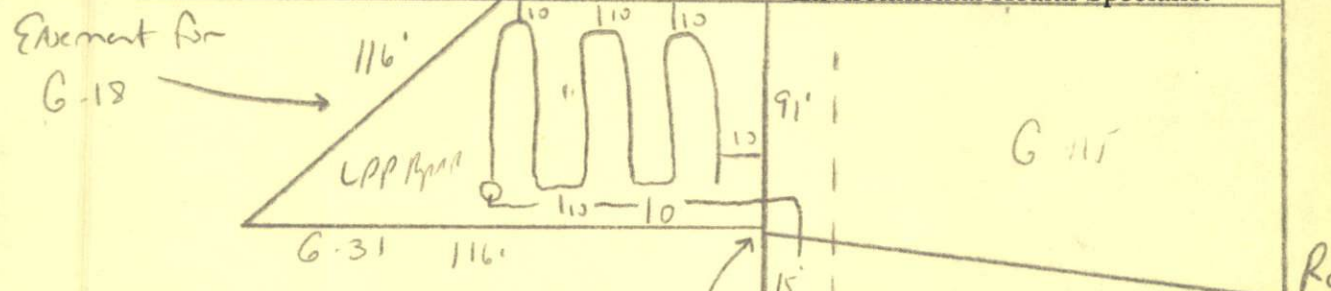
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

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

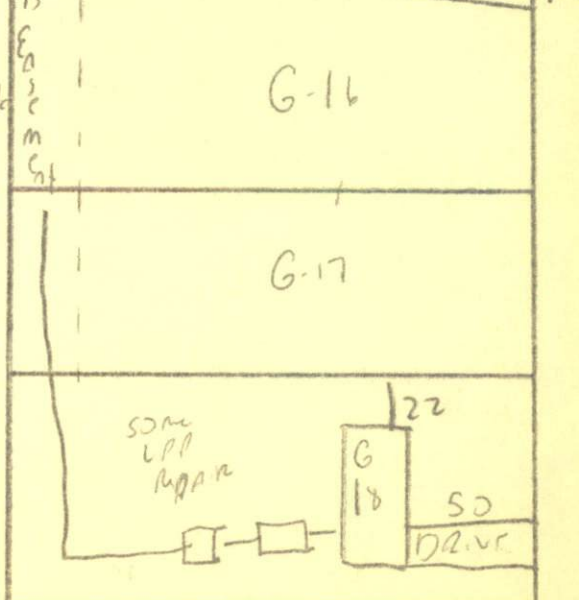
French Drain Required: _____ Linear feet

Date: 11-24-97

This permit is subject to revocation if site plans or intended use change. Signed: J. W. ARS Environmental Health Specialist



MUST meet onsite Before Installing
 18" Ditch Depth Follow contours
 MAINTAIN all Required Set Backs
 Drawing of G-15, G-16, G-17 is not accurate
 Will need plot plan when meeting on site.
 Supply Line must be marked AS SO IT
 CAN be easily Identified



HARNETT COUNTY HEALTH DEPARTMENT
AU THORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13043. 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 KilArnold Corp

Name: _____ Telephone # _____

Address: _____

Property Location: SR # HWY 24 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Heritage Village Lot # G-18

Number of Bedrooms Proposed: 3 Lot size: 18001 sq ft MUSEAS

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional _____ Other

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 240

Width of ditches 3 ft. Depth of ditches 3 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 8-13-97