

IMPROVEMENT PERMIT

03-5-6213

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) JAVIER Nolasco Perez
Property Location: SR# 1215
New Installation [checked]
Septic Tank [checked]
Repairs [unchecked]
Nitrification Line [checked]

Subdivision Jm Kelly Acres Lot # 6

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (14x80) Lot Size: 1.34ac

Basement with Plumbing: [unchecked] Garage: [unchecked] MUST meet onsite before

Water Supply: [unchecked] Well [checked] Public [checked] Community [unchecked] Installing Final layout may

Distance From Well: 50 ft. Change - Do not stub Plumbing until tank is

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

Type of system: [checked] Conventional [unchecked] Other _____

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

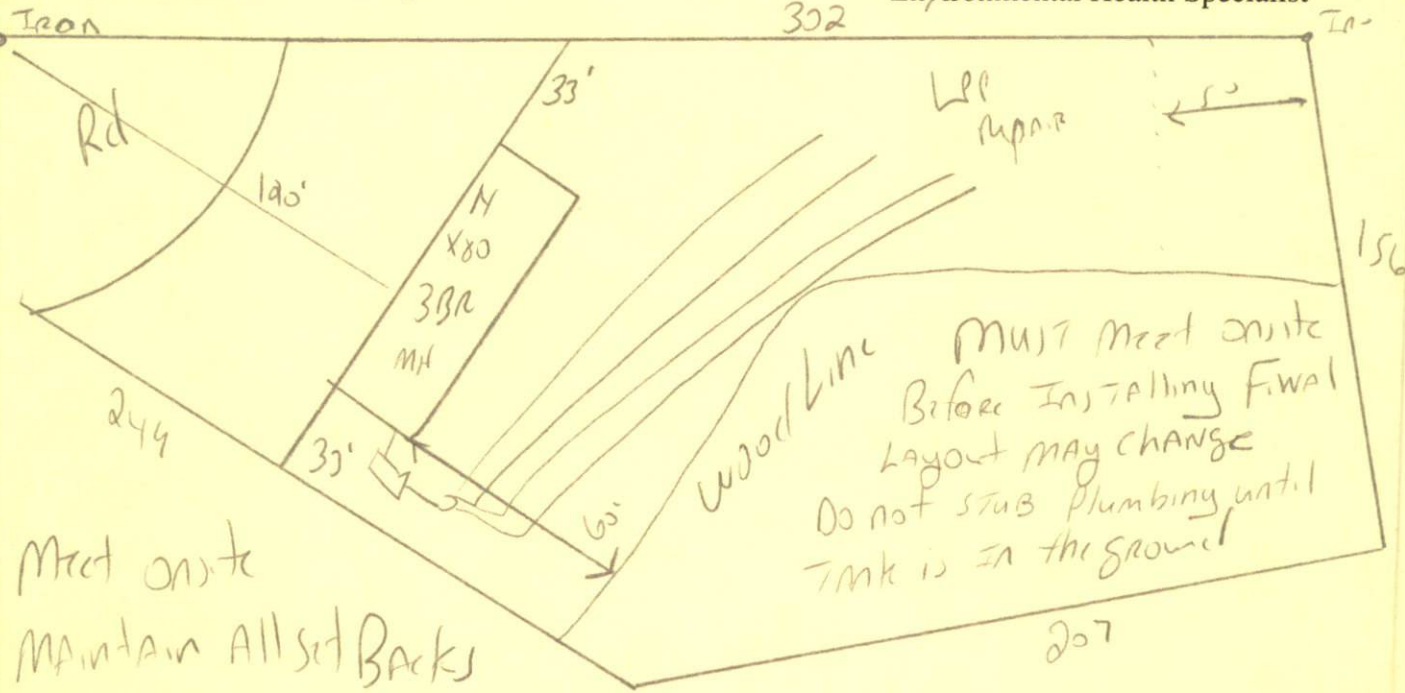
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 width of ditches 3 depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 01-09-03

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

Signed: [Signature] Environmental Health Specialist



Meet onsite
Maintain All set Backs
Do not Drive or Park on septic SYSTEM
Final layout may change

MUST meet onsite before installing final layout may change Do not stub Plumbing until tank is in the ground

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 # 19212. 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.

JAVIER Nolasco Perez 76-6610
Name Telephone #

1215
Address

Trinity Area 6 3(14x80) 1.37Ac
Property Location SR# Road Name
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines
 Conventional Other _____ Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: _____ Ft.
Septic Tank 4000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18 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] 01-09-03
Signature of Authorized Agent for Harnett County Date