

IMPROVEMENT PERMIT

03-5-6774

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) Clyde Patterson
Property Location: SR# 1202
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision TJPII Lot # 17

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (28x44) Lot Size: .76 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

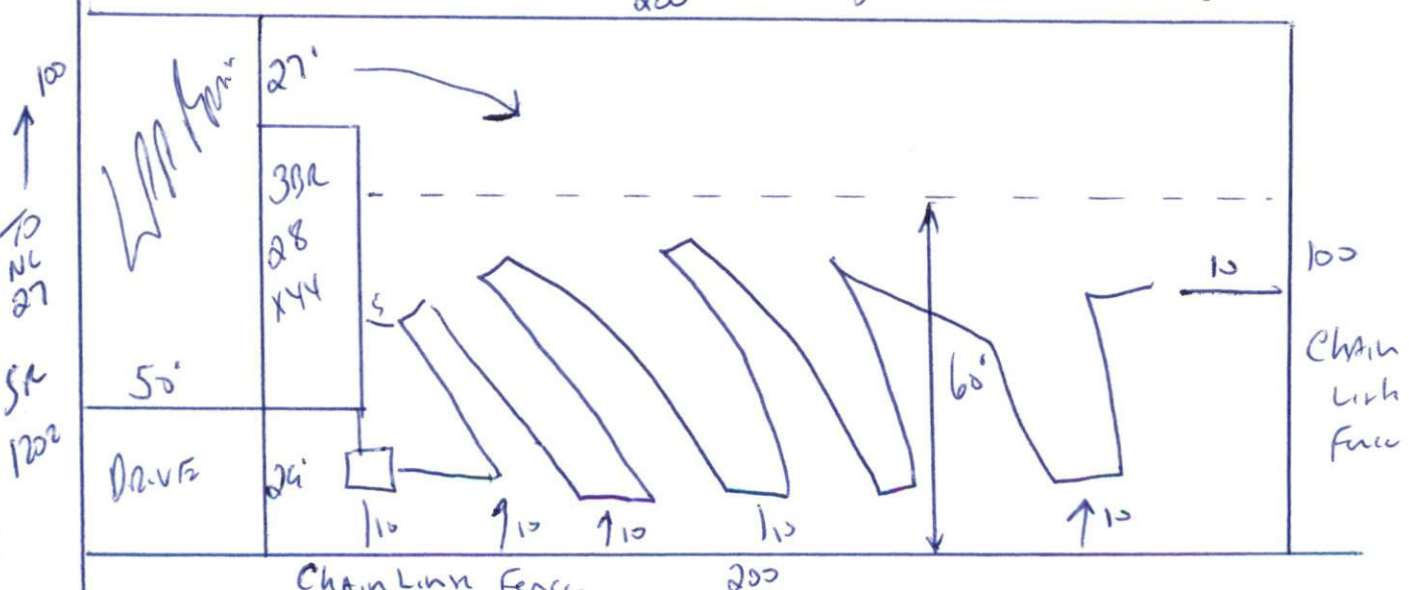
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 240 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: Linear feet

Date: 4-3-03

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

Signed: [Signature] Environmental Health Specialist



Keep system within area shown 18" ditch depth MAINTAIN ALL SET BACKS DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

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 # 19295. 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.

Clyde Patterson 258-5538
Name Telephone#

Address

1202

Property Location SR# Road Name

TJP II 17 3 (28x44) .46 AC
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 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 240 Ft.

Width of ditches 3 ft. Depth of ditches 18^{min} 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] 4.303
Signature of Authorized Agent for Harnett County of Harnett Date