

IMPROVEMENT PERMIT

03-5-6775

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

New Installation Septic Tank

Property Location: SR# 1215

Repairs Nitrification Line

Subdivision JM Kelly Acres Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (14x66) Lot Size: 1.12 ac

Basement with Plumbing: Garage: MUST meet onsite before installing septic system
Water Supply: Well Public Community MUST bring in 8 to 12" of approved cover soil
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 ultra shallow

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

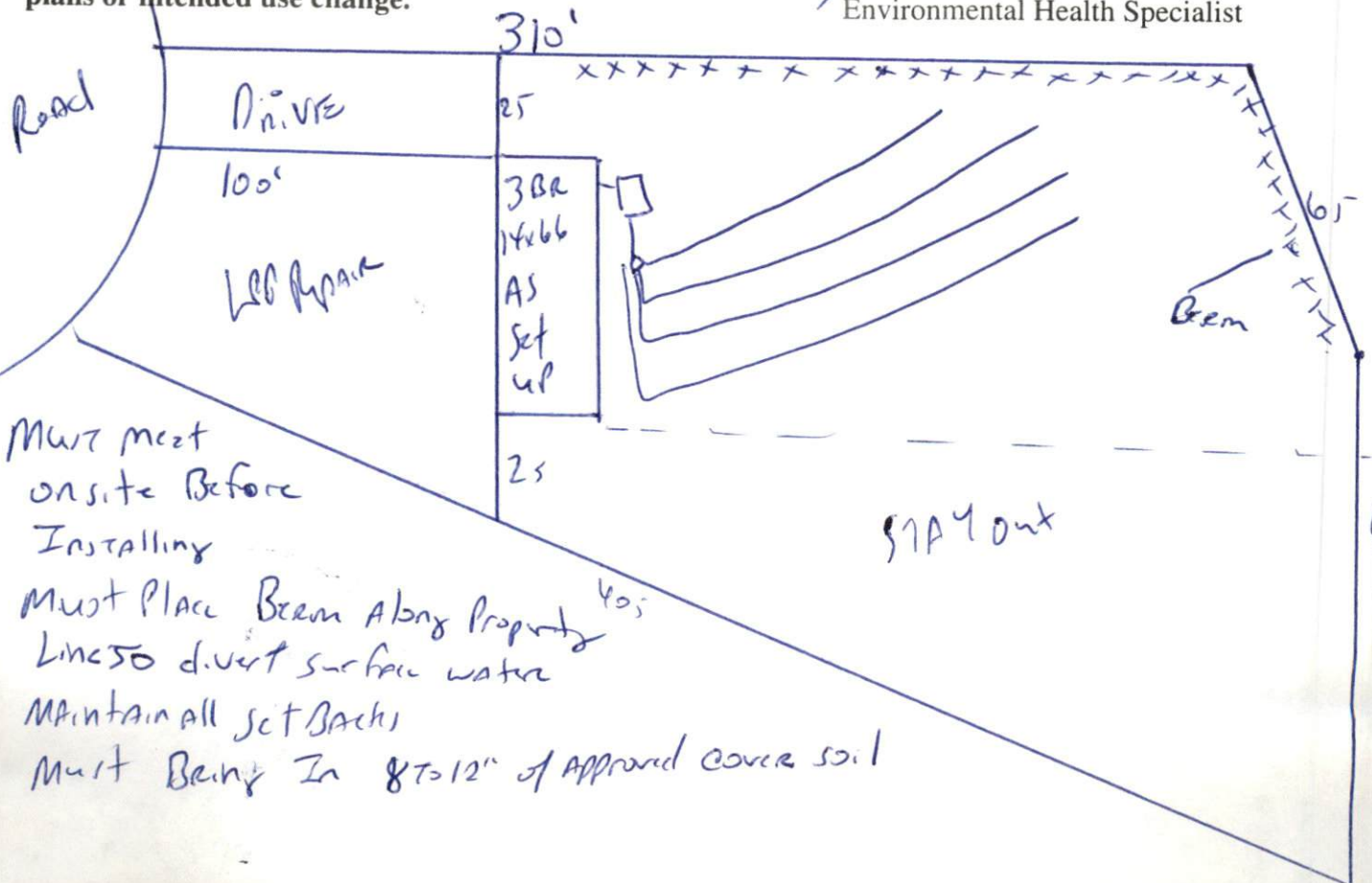
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 width of ditches 3 depth of ditches 12 MAX in.

French Drain Required: _____ Linear feet

Date: 4-3-02

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

Signed: Jon Ward Environmental Health Specialist



MUST meet onsite before installing
Must Place Beam Along Property Lines to divert surface water
Maintain all set backs
Must bring in 8 to 12" of approved cover soil

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 # 19297. 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

1215

Property Location SR# JMKelly Acres Lot # 4 Road Name 3(14x66)
Subdivision JMKelly Acres # Bedrooms Proposed 3 Lot Size 1.12AC

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 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 12 inches MAX

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] 4.3.02
Signature of Authorized Agent for Harnett County of Harnett Date