

HTE 03-5-7973 HARRI T COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT

20286

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) Ronnie Hard New Installation Septic Tank
 Property Location: SR# NC27 Repairs Nitrification Line

Subdivision Timber Line Est Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x40) Lot Size: .46 ac

Basement with Plumbing: Garage: If house location is changed
 Water Supply: Well Public Community A pump may not be required
 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 Pump to Conventional

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

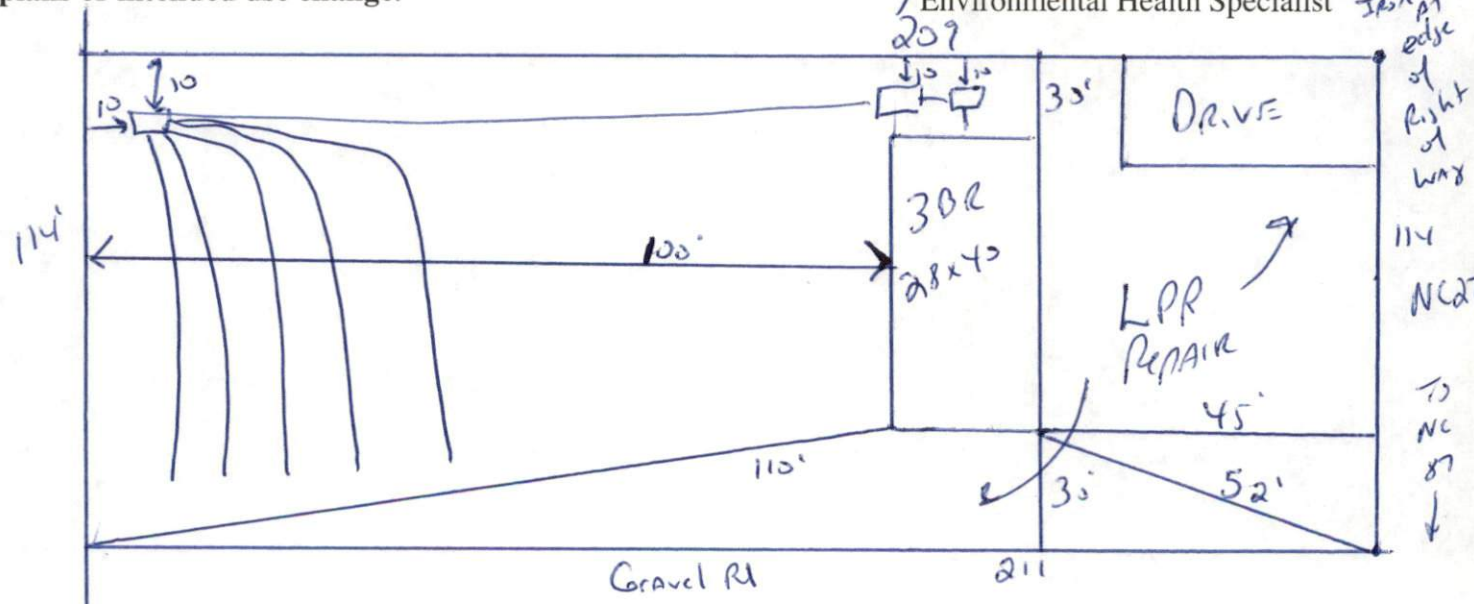
Subsurface Drainage Field No. of 5 exact length 80 ft. width of 3 ft. depth of 18 in.
 ditches of each ditch

French Drain Required: _____ Linear feet

Date: 10-3-03

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

Signed: [Signature]
 Environmental Health Specialist



Maintain All set Backs
 Do not Drive on path on septic system
 May need to meet onsite for final layout
~~Change AR MA~~

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 # 20286. 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.

Name Ronnie HART Telephone# 697-6171

Address _____

Property Location SR# _____ Road Name _____

Subdivision Timber Line Est Lot # 3 # Bedrooms Proposed 3 (28x70) Lot Size 46 AC

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other Pump to Conv.

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 80 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 of Authorized Agent for Harnett County of Harnett [Signature] Date 10/20/03