

This permit requires
1321
21349

HARNETT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

HTE 04-5-10544

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) Colin Watson / Choo Choo Homes New Installation Septic Tank
Property Location: SR# NC24 Repairs Nitrification Line

Subdivision Heritage Village Lot # G-19

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x76) Lot Size: .45 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 Purpts Conventional

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

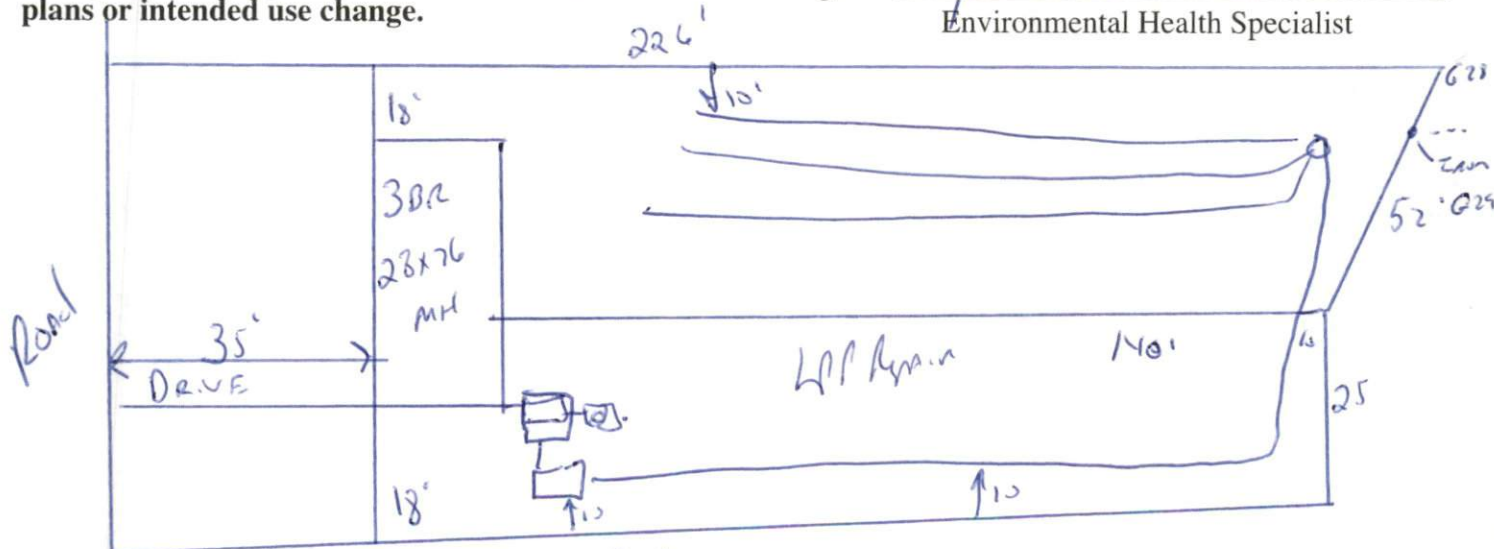
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 10-27-04

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

Signed: [Signature]
Environmental Health Specialist



Meet onsite for Final layout
Make sure Rear Property Lines are IN - Odd shape & is very important
That they are clearly marked
18" D.kth Dpths
Meet onsite

DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21349. 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 Colin Watson / Choo Choo Home Telephone # _____

Address NC 24

Property Location SR# Heritage Village G-19 Road Name _____
Subdivision 362876 Lot # _____ # Bedrooms Proposed 45m Lot Size _____

TYPE OF SYSTEM

- New Installation [] Repair [] Septic Tank Nitrification Lines
[] Conventional [] Other Pumps Conventional
[] 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 3 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 of Authorized Agent for Harnett County Joe West RS

Date 10-27-04