

IMPROVEMENT PERMIT 03-5-6157

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) Quail Run Homes New Installation Septic Tank
Property Location: SR# 1270 Repairs Nitrification Line

Subdivision DAVID TAYLORS Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (42x56) Lot Size: 1.12 AC

Basement with Plumbing: Garage: Please note change in
Water Supply: Well Public Community DRIVE WAY location
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

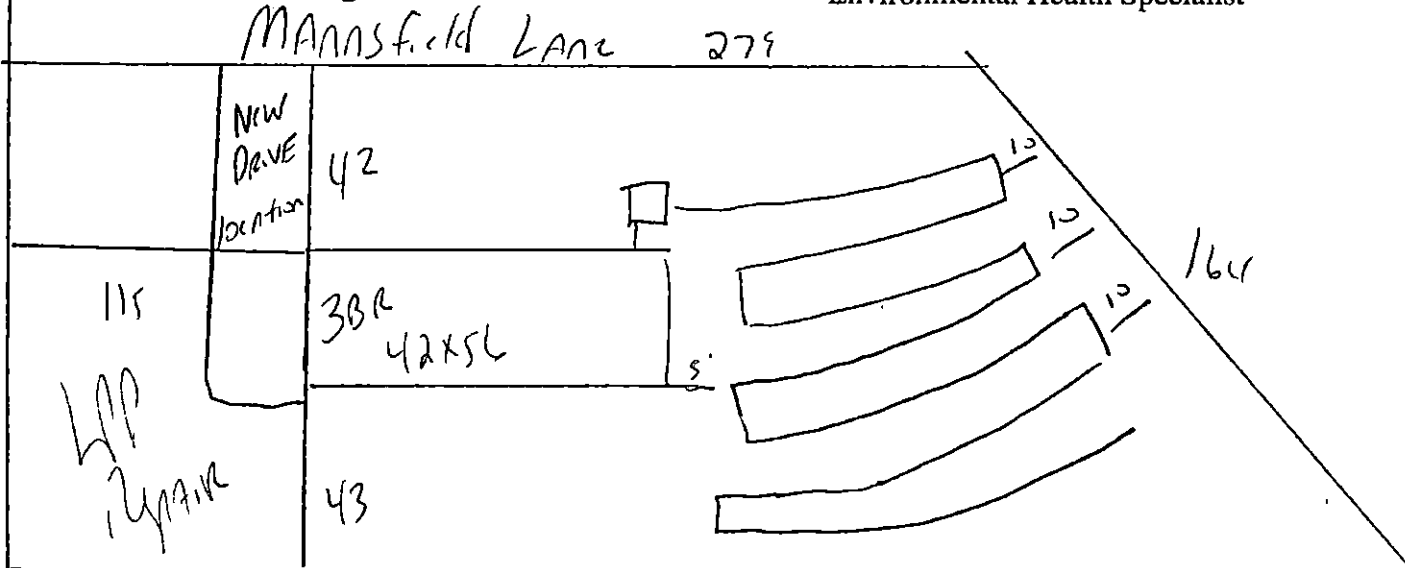
Subsurface No. of 1 exact length 500 width of 3 depth of 18
Drainage Field ditches of each ditch 500 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

Date: 01-09-03

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

Signed: Jon Under
Environmental Health Specialist



Please note change in DRIVE location
Do not DRIVE OR BACK on septic system
maintain all set backs

HARNETT COUNTY HEALTH DEPARTMENT
AU ORIZATION TO CONSTRI

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19210. 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 Quail Run Homes Telephone # 718-1401

Address

1270

Property Location SR# Road Name

Subdivision David Taylor's Lot # 1 # Bedrooms Proposed 3 (42x56) Lot size 1.12 ac

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 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 500 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 [Signature] Date 01-09-03