

IMPROVEMENT PERMIT

03-5-6966

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) Regency Home

New Installation Septic Tank

Property Location: SR# (A)

Repairs Nitrification Line

Subdivision Peachtree Lot # 94

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (40x60) Lot Size: 1.21 AC

Basement with Plumbing: Garage: Please note change in house location home must be mind

Water Supply: Well Public Community 35 from front property line

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

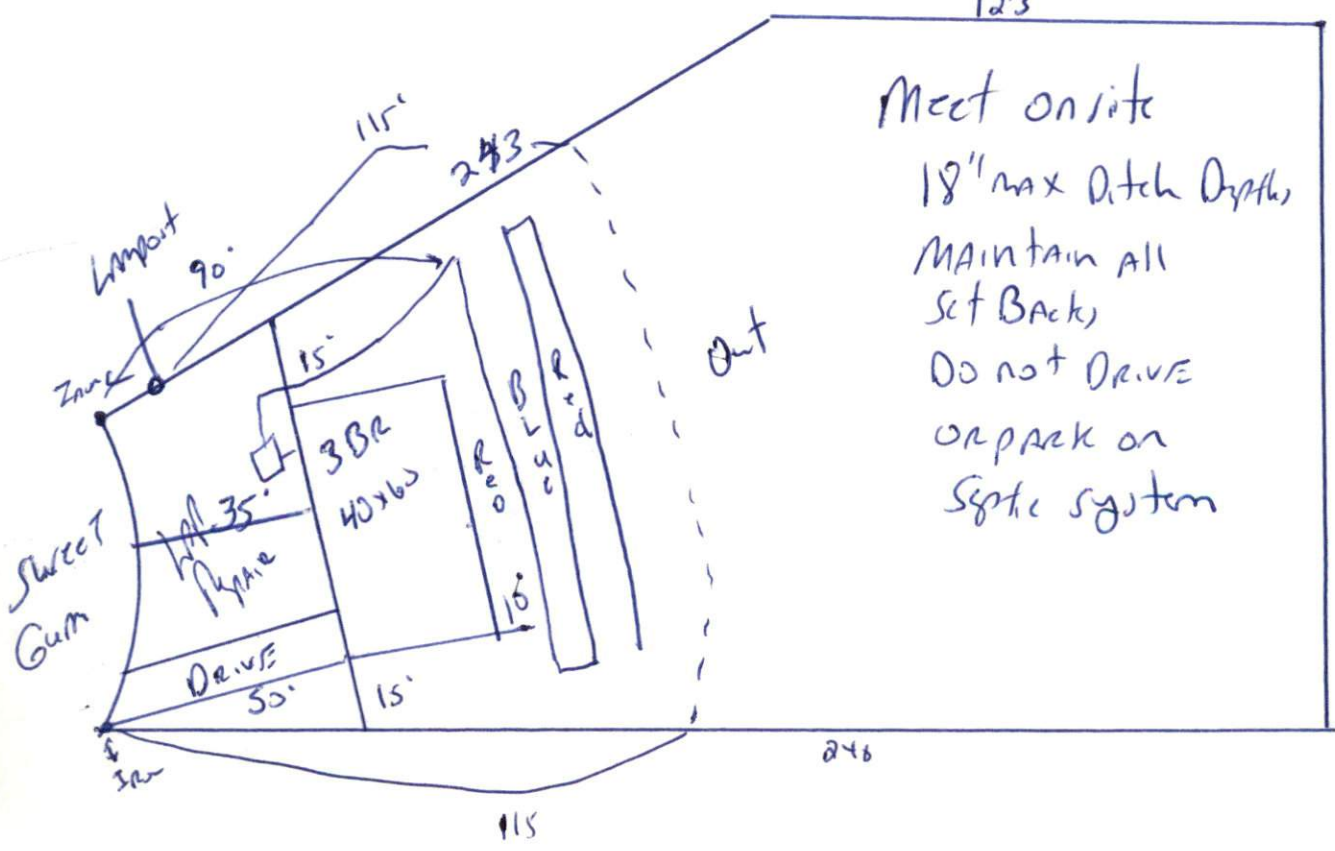
Subsurface Drainage Field No. of ditches 1 exact length 300 ft. width of ditches 3 ft. depth of ditches 18 max in.

French Drain Required: _____ Linear feet

Date: 6-6-03

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

Signed: [Signature]
Environmental Health Specialist



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 # 19424. 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 Regency Homes Telephone# 424-0455

Address _____

Property Location SR# 1115
Subdivision Peach Tree Lot # 94 # Bedrooms Proposed 3 (40x60) Road Name 1.21st 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: 5 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 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 6.6.03