

IN. ROVEMENT PERMIT

03-5-7187

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) Stephen L. Fernigan

New Installation Septic Tank

Property Location: SR# 1115

Repairs Nitrification Line

Subdivision Peach Tree Lot # 122

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (58x42) Lot Size: 660Ac

Basement with Plumbing: Garage: STUB OUT Plumbing As high As Possible - where shown and

Water Supply: Well Public Community Pump may not be required. MUST meet onsite

Distance From Well: _____ 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 ditches 1 exact length of each ditch 350 ft. width of ditches 3 ft. depth of ditches 18" max

French Drain Required: _____ Linear feet

Date: 6-3-03

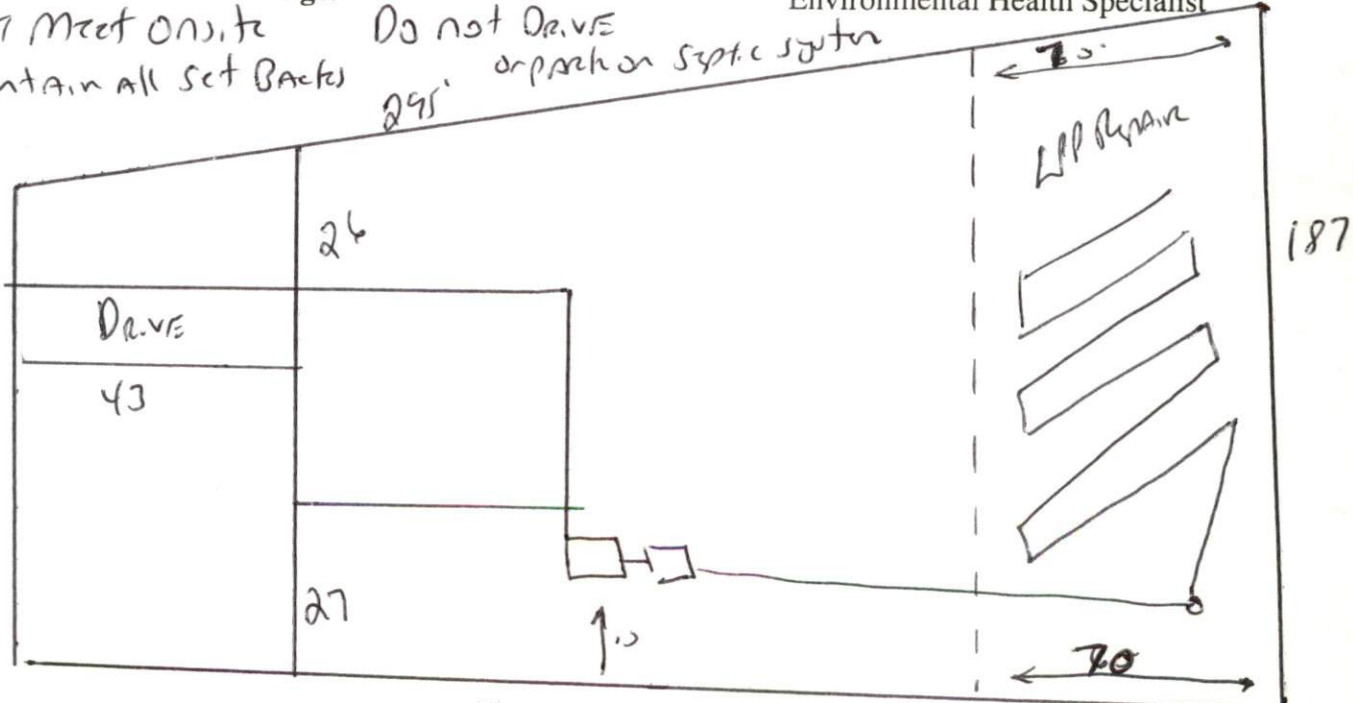
Signed: J. L. [Signature]

Environmental Health Specialist

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

MUST meet onsite Do not Drive approach septic system
Maintain all set backs 295'

Valley View 84



STUB OUT Plumbing shallow (high) where shown - Pump may not be required MUST meet onsite Before Installing septic SYSTEM

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 # 19418. 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 Stephen Fernign Telephone# 894-7688

Address _____

1115

Property Location SR# _____ Road Name _____

Black Tree

122

3 (58 x 42)

.66 ac

Subdivision _____ Lot # _____ # Bedrooms Proposed _____ Lot Size _____

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: _____ Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 350 Ft.

Width of ditches 3 ft. Depth of ditches 18 in 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.

J. W. White

6-7-03

Signature of Authorized Agent for Harnett County of Harnett

Date