

HTE # 05-5-12671R

OPERATIONS PERMIT

Name: (owner) ROY W + PATRICIA A STOIPA New Installation Septic Tank Repair

Property Location: SR# 1407 WMB STEPHENS Nitrification Line Expansion
Subdivision LTJ Lot # 3 Tax ID # _____ Quadrant # _____

Contractor: DENNIS MADSEN Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community
Distance From Well: 100' ft.

Following are the specifications for the sewage disposal system on above captioned property.

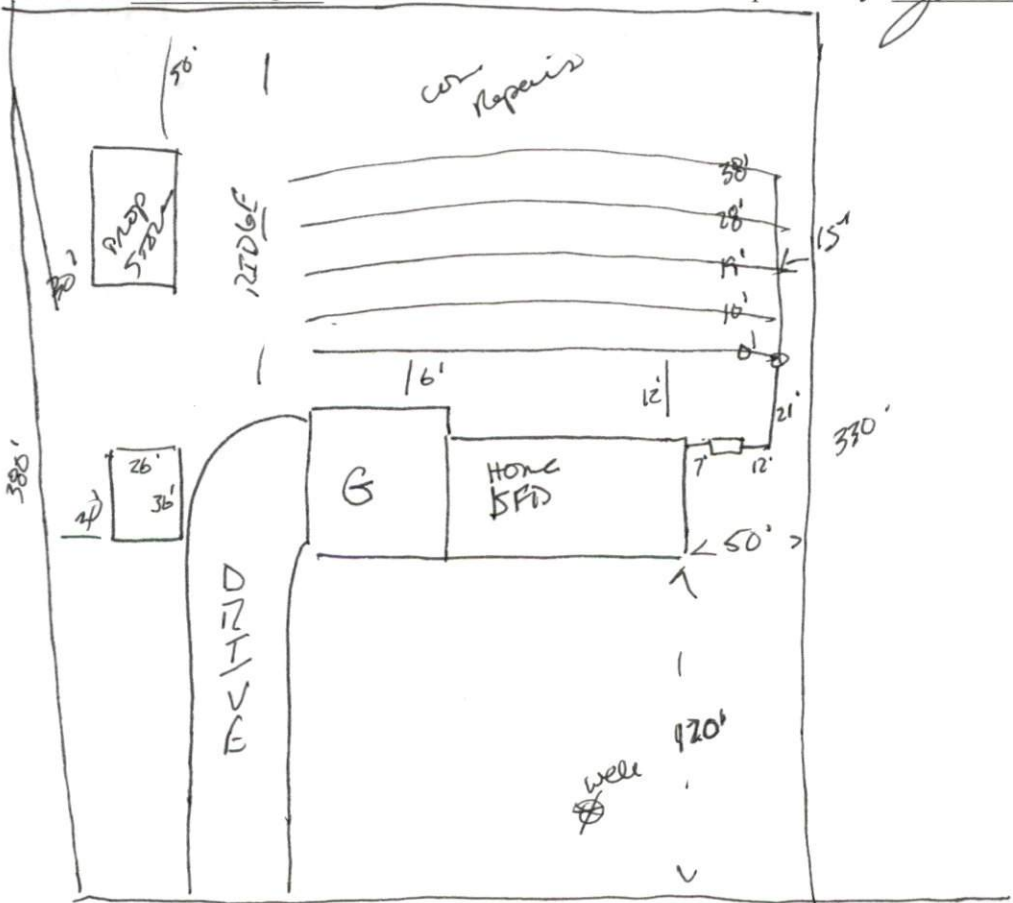
Type of system: Conventional Other _____

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

Subsurface Drainage Field No. of ditches 5 exact length of each ditch 110 ft. width of ditches 3 ft. depth of ditches 24 in.

French Drain Required: - Linear feet Date: 5-26-06

PERMIT NO. ZZZ78 284' Inspected by: James E. Markan



SR 1407 WMB STEPHENS

HTE# 05-5-12671R

IMPROVEMENT PERMIT 22278

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) Roy W. & Patricia A. Stolpa New Installation Septic Tank Repair

Property Location: SR# 1407 Wade Stephenson Rd Nitrification Line Expansion

Subdivision Little Tree Envertments Lot # 3

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (480 gpd) Lot Size: 2 Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 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 5 exact length of each ditch 110 ft. width of ditches 3 ft. depth of ditches 24 in.

French Drain Required: _____ Linear feet

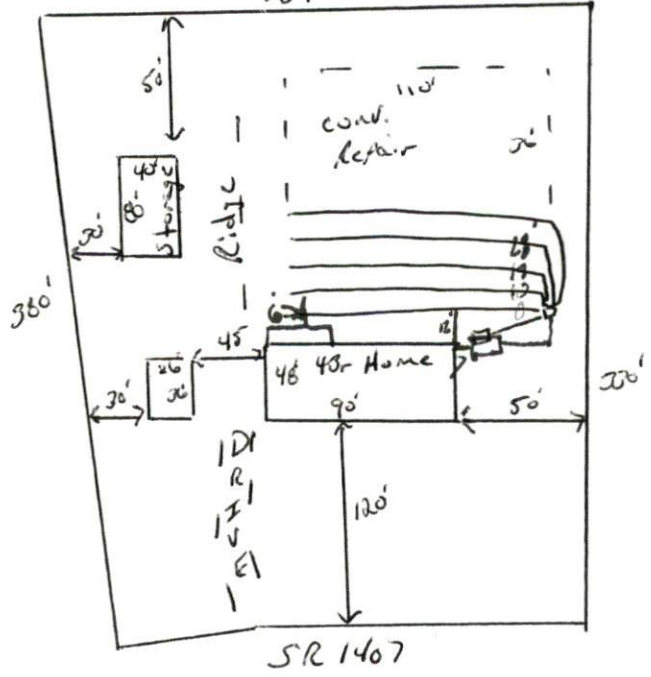
Date: 12/9/2005

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

Signed: [Signature]
284 Environmental Health Specialist

* Maintain all setbacks



* Not to scale