

OPERATIONS PERMIT

Name: (owner) Hamilton Builders New Installation Septic Tank
 Property Location: SR# 12911 Repairs Nitrification Line
 Subdivision Lees Place Lot # 2
 TAX ID# _____ Quadrant # _____
 Contractor: O. Strickland Registration # _____

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50 ft.

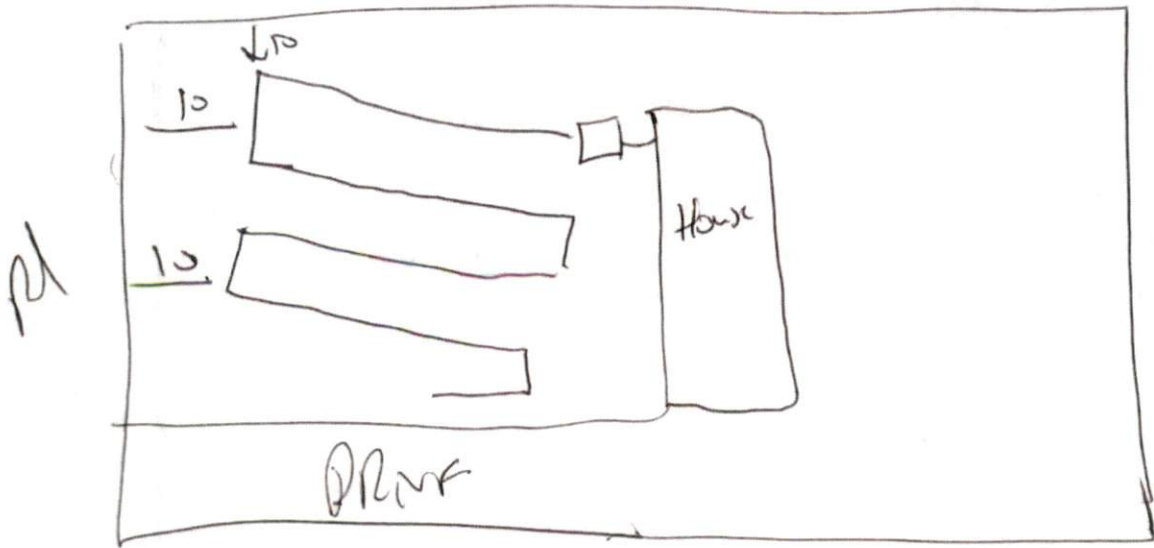
Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 100 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18.24 in.
 French Drain: _____ Linear feet

Date: 07-17-2000

PERMIT NO. 13711

Inspected by: J. Walters
Environmental Health Specialist



HARNETT COUNTY HEALTH DEPARTMENT

No 13711

IMPROVEMENT PERMIT

Be it obtained 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) Hamilton Builders

New Installation Septic Tank

Property Location: SR# 1291 - Old 421

Repairs Nitrification Line

Subdivision Lee's Place

Lot # 2

Tax ID # _____

Quadrant # _____

Number of Bedrooms Proposed: 3 (51x31)

Lot Size: 441 AC

Basement with Plumbing:

Garage: * NOTE Change In

Water Supply: Well Public

Community * HOUSE LOCATION *

Distance From Well: 50 ft.

MUST USE filter & septic tank marker

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

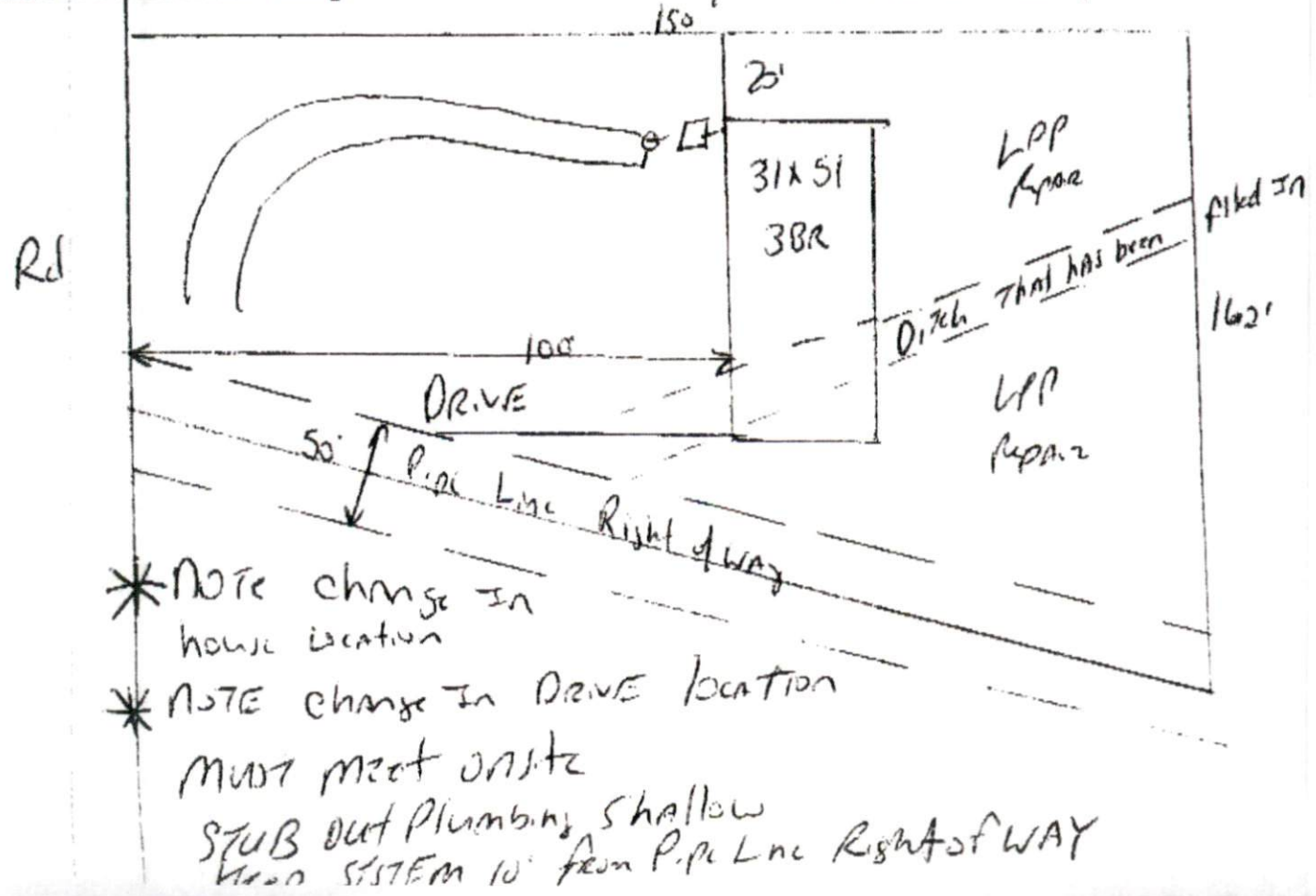
Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-30 in.

French Drain Required: _____ Linear feet

Date: 01-14-2000

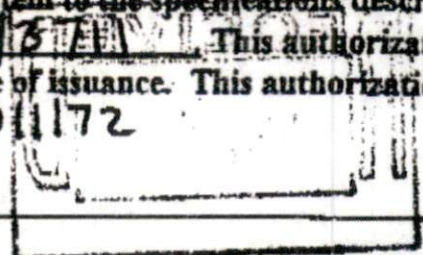
This permit is subject to revocation if site plans or intended use change.

Signed: [Signature]
Environmental Health Specialist



AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13781. 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. 01172



Owner or Authorized Agent Hamilton Builders

Name: _____ Telephone # 897-5395

Address: _____

Property Location: SR # Old 421 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Leis Place Lot # 2

Number of Bedrooms Proposed: 3 (3 1/2) Lot size: .441 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 100

Width of ditches 3 ft. Depth of ditches 18-30 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.

Authorized Agent for Harnett County Health Department

Name: Jon Weems Date: 07/14/2000

(Revised 2/96) CNSTRCT.WPD