

OPERATIONS PERMIT

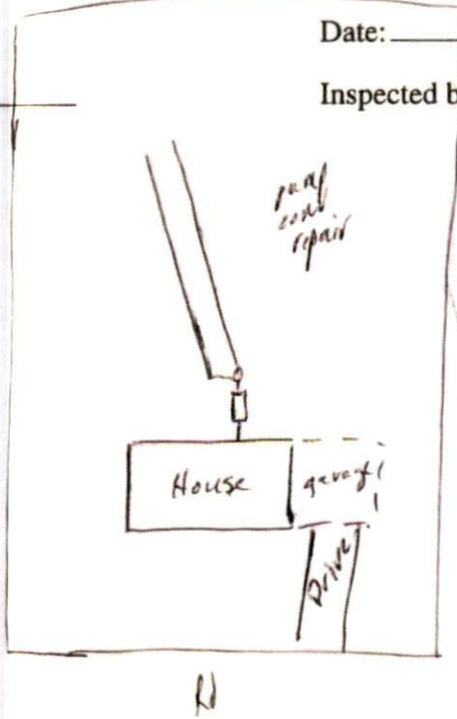
Name: (owner) Matthew + Stephanie Vaughn New Installation Septic Tank
 Property Location: SR# 1412 Repairs Nitrification Line
 Subdivision Mel's Meadows Lot # 45
 TAX ID# _____ Quadrant # _____
 Contractor: Johany Jones Registration # _____
 Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: _____ 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 No. of exact length width of depth of
 Drainage Field ditches 2 of each ditch 100 ft. ditches 3 ft. ditches 18-22 in.
 French Drain: _____ Linear feet

PERMIT NO. 15992

Date: 10-6-99
 Inspected by: Thomas J. Boyce R.S.
 Environmental Health Specialist



HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

No 15999

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) Matthew & Stephanie Vaughn
Property Location: SR# 1412 Christia Loft
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision McIs Meadows Lot # 45

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: 54,833 Sq Ft

Basement with Plumbing: Garage:

Water Supply: Well, Public, Community

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

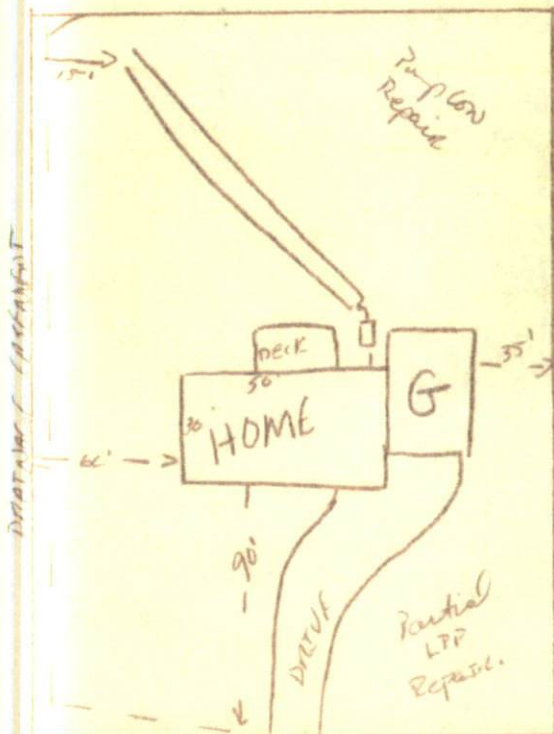
Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons

Subsurface Drainage Field No. of ditches: 2 exact length of each ditch: 100 ft. width of ditches: 3 ft. depth of ditches: 18-22 in.

French Drain Required: Linear feet

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

Date: 2-16-99
Signed: James C. Markham, Environmental Health Specialist
* Maintain all setbacks



* Home had to be moved
Contractor pay attention to setbacks!
* STAY OUT of DRAINAGE BASINMENT.

McIs Meadows DRIVE

HARNETT COUNTY HEALTH DEPARTMENT
AUT HORIZATION TO CON RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15992. 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.

Owner or Authorized Agent Orval Gozlan

Name: Matthew & Stephanie Vaughn Telephone # 782-8526

Address: 5939 DIXON DR RALEIGH N.C. 27609

Property Location: SR # 1412 Road Name Christian Light

New Installation Repair Septic Tank Nitrification Lines

Subdivision Mel's Meadow Lot # 45

Number of Bedrooms Proposed: 3 Lot size: 54,833 Sq FT

Basement With Plumbing Without Plumbing

Water Supply: Well Public Minimum Well Setback: 50' ft.

Type of System: Conventional Other

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

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

Width of ditches 3 ft. Depth of ditches 18-22 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: James E. Mandat Date: 2-16-79