

00-50000426

IMPROVEMENT PERMIT

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) Mobile Home Estates New Installation Septic Tank

Property Location: SR# 1229 Repairs Nitrification Line

just before Coopers Store Rd. on left.

Subdivision Noell Hill Phase 3 Lot # 29

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Three Lot Size: _____

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

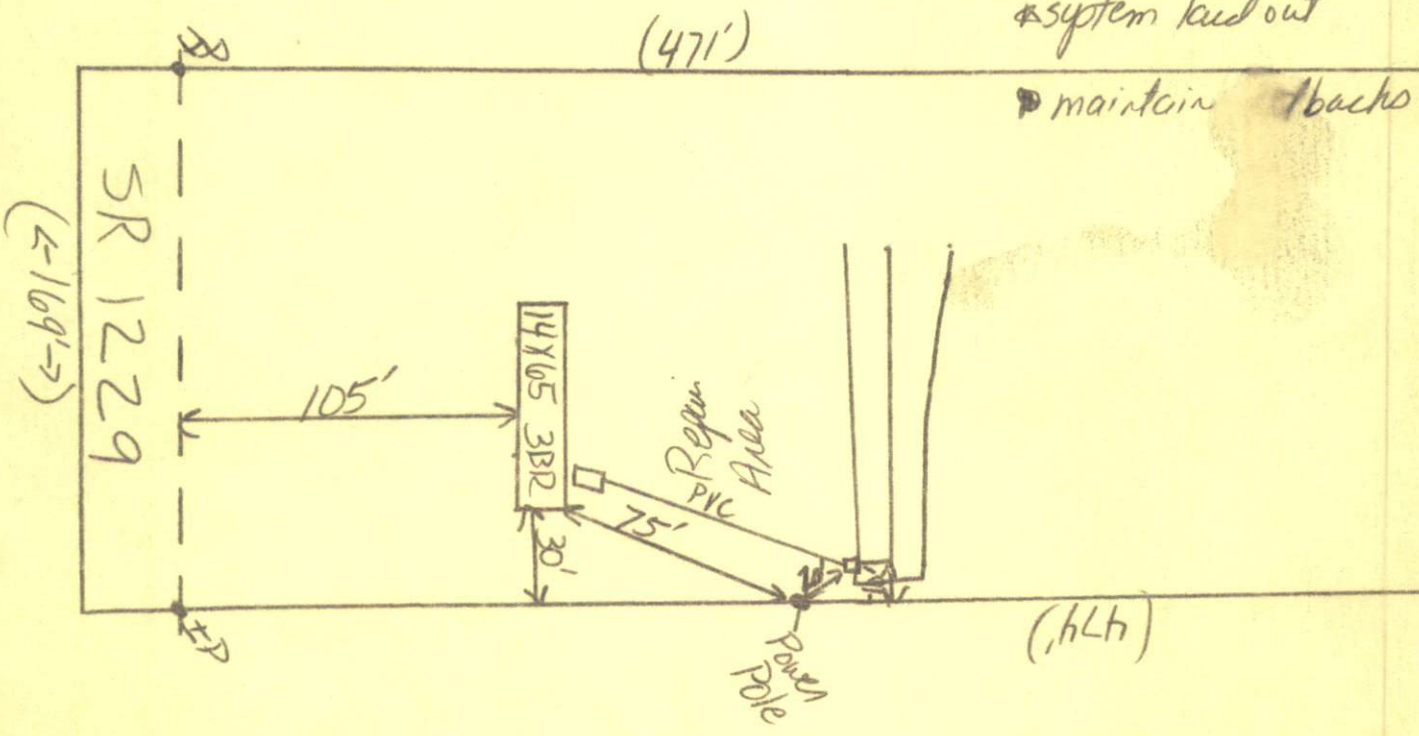
Subsurface Drainage Field No. of 3 exact length 100 width of 3 depth of 18-20
ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain Required: _____ Linear feet

Date: 18 October 2000
Signed: Vernest R. Noddy, R.S.
Environmental Health Specialist

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

*system laid out
*maintain 16' back



HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18129. 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 _____

Name: Mobile Home Estate Telephone # 258-0615

Address: 11550 Hwy 421 South Broadway, NC

Property Location: SR # 1229 Road Name McDougal

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Noell Hills Lot # 29

Number of Bedrooms Proposed: Three Lot size: _____

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 1 Number of Lines per Field 3 Length of lines 100 feet

Width of ditches 3 ft. Depth of ditches 18-20 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: Vernon R. Doy, RS Date: 18 October 2006