

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) Willis Harvey New Installation Septic Tank
 Property Location: SR# off 1257 Repairs Nitrification Line
206 Riverknoll Way - River Bluff
 Subdivision River Bluff Lot # 10
 Tax ID # _____ Quadrant # _____

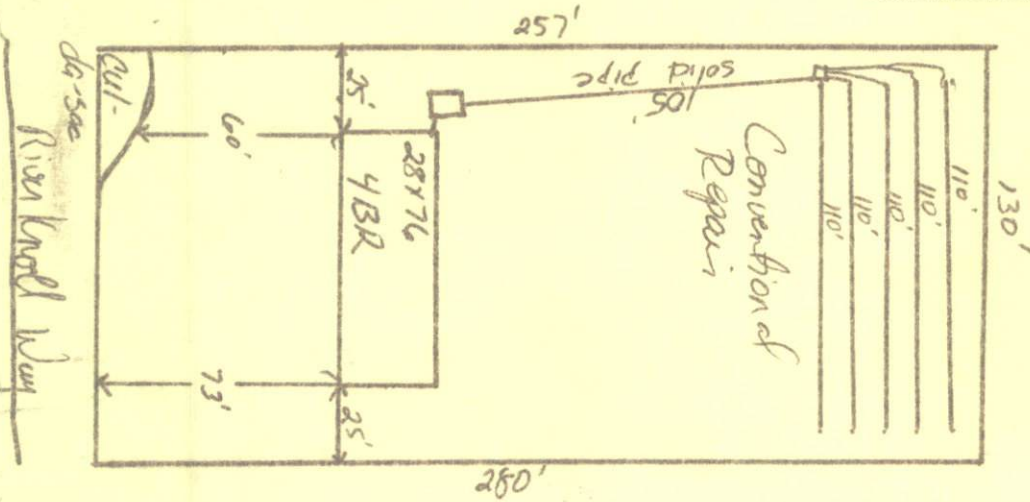
Number of Bedrooms Proposed: FOUR Lot Size: 0.807 acres
 Basement with Plumbing: Garage:
 Water Supply: Well Public Community 4 Bedroom
 Distance From Well: 50 ft.

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 5 exact length of each ditch 110 ft. width of ditches 3 ft. depth of ditches 18-24 in.
 French Drain Required: _____ Linear feet

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

Date: 08, January 1999
 Signed: Vernest R. Dole
 Environmental Health Specialist



* Maintain setback
 * all parts of systems must be at least 10' from property line.

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 # 14665. 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: Willis Harvey Telephone # 814-0270

Address: 201 Riverview Place Lillington, NC

Property Location: SR # Off 1257 Road Name Off River Rd

New Installation Repair Septic Tank Nitrification Lines

Subdivision River Bluff Lot # 10

Number of Bedrooms Proposed: FOUR Lot size: 0.807

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 5 Length of lines 110 feet

Width of ditches 3 ft. Depth of ditches 18-24 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 K. Day Date: 08 January 99