

IMPROVEMENT PERMIT

01-5-1630 Revision

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) VERNA ONIKA New Installation Septic Tank
Property Location: SR# NC27 Repairs Nitrification Line

Subdivision Longleaf Acres Lot # 14

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x60) Lot Size: 1.95 AC

Basement with Plumbing: Garage: If house is not place

Water Supply: Well Public Community As shown - Pump may be required

Distance From Well: _____ ft. met onsite

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

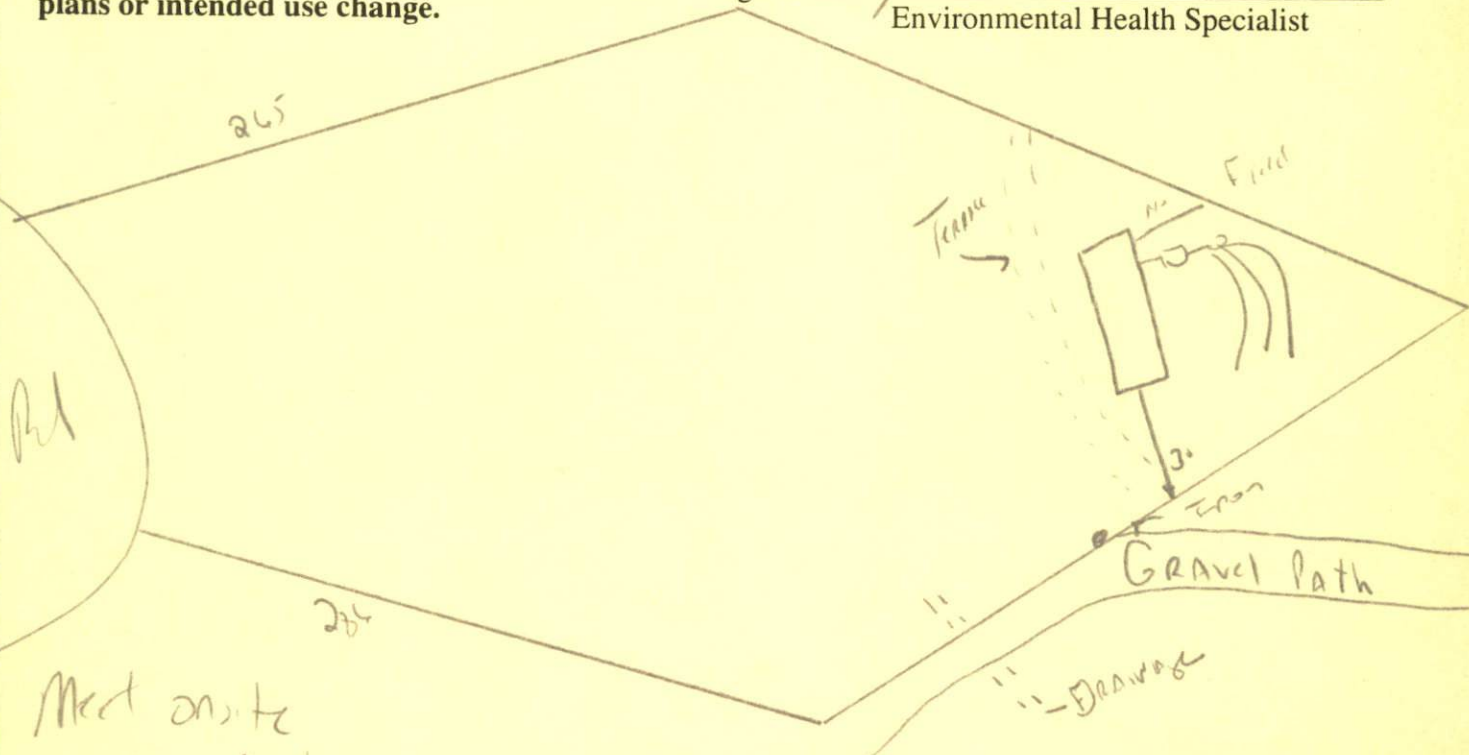
Subsurface Drainage Field No. of 3 exact length 80 width of 3 depth of 18 max
ditches of each ditch 80 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

Date: 5-31-01

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

Signed: [Signature]
Environmental Health Specialist



Meet onsite
18" Ditch Depth

MAINTAIN ALL SOL BACKS FOLLOW CONTAINS Do not Drive on Park or septic system

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18330. 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 VERNA Miller

Name: _____ Telephone # 919-777-9576

Address: _____

Property Location: SR # NC27 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Longleaf Acacia Lot # 14

Number of Bedrooms Proposed: 3(2x60) Lot size: 1.95 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 3 Length of lines 80

Width of ditches 3 ft. Depth of ditches 18 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: Joe W. [Signature] Date: 5-31-01