

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) Adam RAINES New Installation Septic Tank
 Property Location: SR# NC 27 Repairs Nitrification Line

Subdivision Longleaf Acres Lot # 47

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (24x60) Lot Size: 1.84 AC

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50 ft.
 Septic system Installer must meet JOE WEST on site prior to installing system. Any mistake in installation will render this lot unsuitable

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 1 exact length 200 ft. width of 3 ft. depth of 12 MAX in.

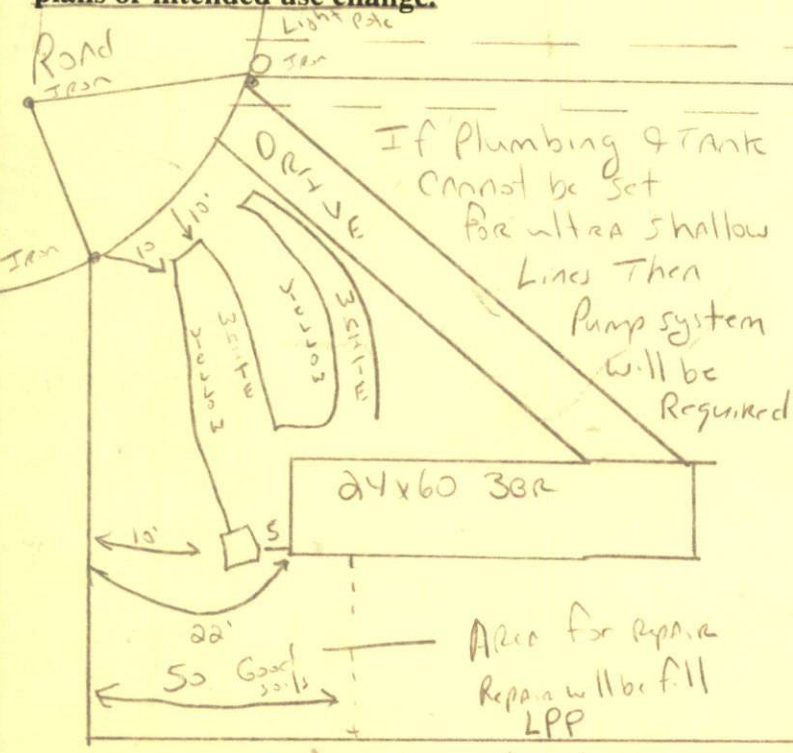
French Drain Required: _____ Linear feet

MAX NOTE

Date: 6-1-01

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

Signed: JOE WESTERS
 Environmental Health Specialist



MUST meet on site Before Installing
 DO NOT DRIVE OR park on Septic system
 MUST BRING in 12" of approved Fill (soil) material - must Be approved by JOE WEST.
 INSTALL Tank so THAT IT IS ultra shallow
 STUB Plumbing out ultra Shallow

Lines will start out AT 12" MAX Ditch Depths AT appx 40' from the Start lines will be 12 to 16" Deep for about 20' then the Lines will be BACK AT 12" Deep, 10' later there will be STEPdown Run appx. 10 to 20 Feet AND make Turn To the white Flagged Line - Lines will stay AT 12" Deep

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 # 18315. 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 ADAM RAINO

Name: _____ Telephone # _____

Address: _____

Property Location: SR # NC27 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Longleaf Acres Lot # 47

Number of Bedrooms Proposed: 3 (27x60) Lot size: 1.84 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 1 Length of lines 200

Width of ditches 3 ft. Depth of ditches 12 max 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 Weston Date: 6-1-01