

OPERATIONS PERMIT

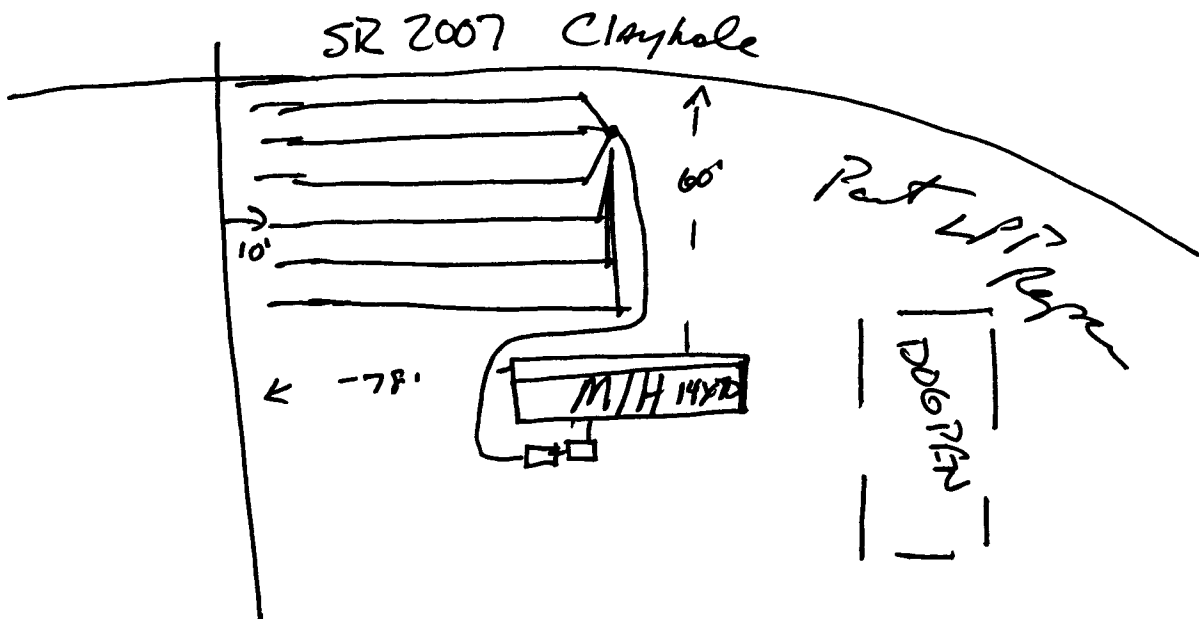
Name: (owner) Jose Lt Thaxel Gomez Cisneros New Installation Septic Tank
 Property Location: SR# 2007 Clayhole Repairs Nitrification Line
 Subdivision _____ Lot # _____
 TAX ID# _____ Quadrant # _____
 Contractor: T/S DENNING FARMS Registration # _____
 Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50' 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: 1000 gallons
 Subsurface Drainage Field: No. of ditches 6 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 12 in.
 French Drain: - Linear feet

Date: 5-15-02
 Inspected by: James E. Mansueti
 Environmental Health Specialist

PERMIT NO. 19160



HARNETT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

No 19159

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) JOSE L + ANGELO GOMEZ CISNEROS New Installation Septic Tank
 Property Location: SR# 2007 Clayhole Rd Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 3acre

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: Existing gallons Pump Tank: _____ gallons

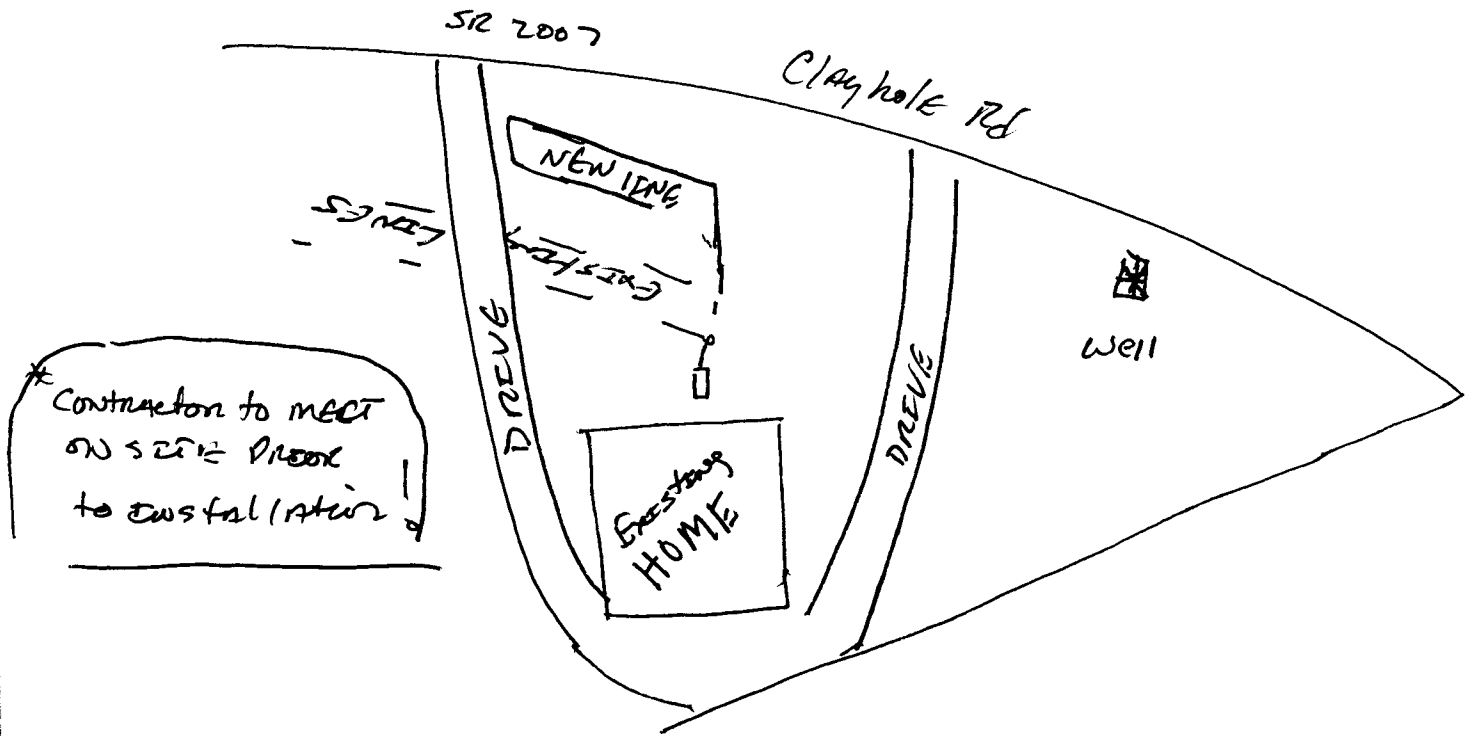
Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 85 ft. width of ditches 3 ft. depth of ditches 16-18 in.

French Drain Required: — Linear feet

Date: 4-10-02

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

Signed: James E. Markantaras
 Environmental Health Specialist



**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 # 19159. 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.*

Jose L + Angel Gomez Cesneros 510-730-0464
Name Telephone #

1769 Clayhole Rd Coats N.C. 27521
Address

2607 Clayhole
Property Location SR# Road Name

3 3 acre
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: 10' Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields _____ # of lines per field 1 Length of lines 85 Ft.

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.

James E. Monahan 4-10-02
Signature of Authorized Agent for Harnett County Date