

IMPROVEMENT PERMIT

0254008

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) Ruby Womack New Installation Septic Tank
 Property Location: SR# NC 27 Repairs Nitrification Line

Subdivision Clearview Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (24x70) Lot Size: 0.79 AC

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

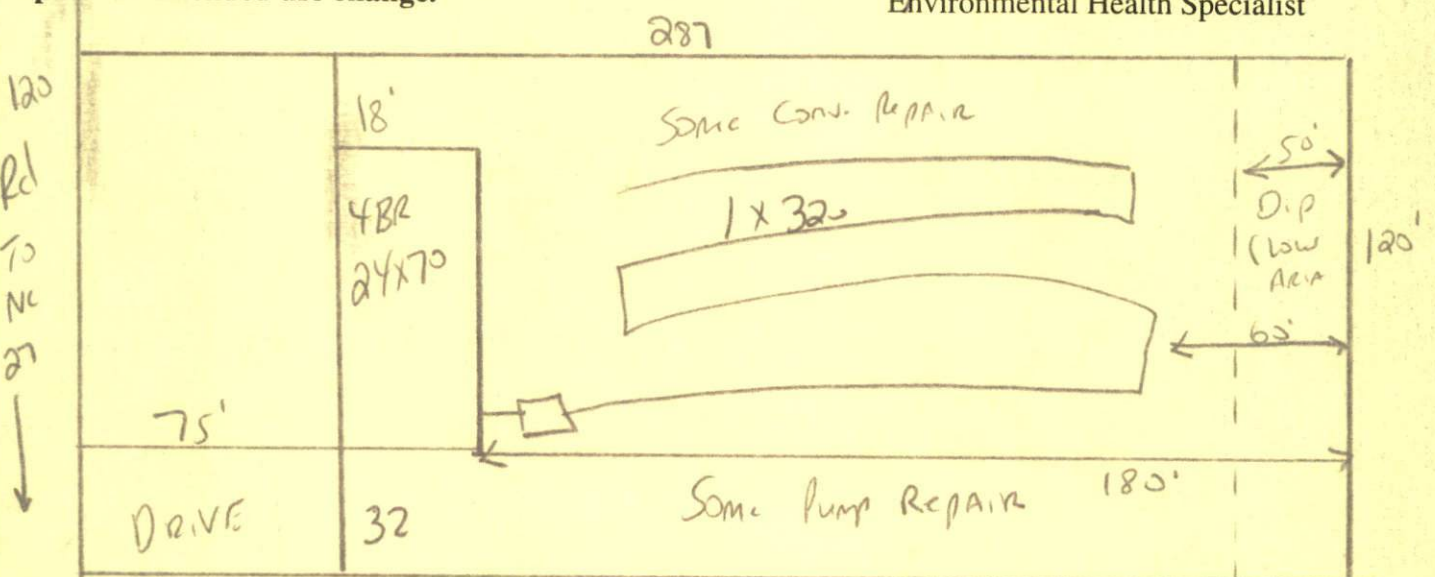
Subsurface Drainage Field No. of ditches 1 exact length 320 ^{9HW} width of 3 ft. depth of 18 in. of each ditch 320 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

Date: 02-21-02

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

Signed: Jon Wilks
 Environmental Health Specialist



STUB out Plumbing shallow - 18" Ditch Depths
 MAINTAIN All setBacks Follow contours
 Keep DRAIN Lines - 60' from Rear Property Lines (Low Area)
 Do not DRIVE OR PARK on 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 # 18721. 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. 919-776-8165

Name Ruby Womack Telephone # 02-5-4008

Address _____

NC 27

Property Location SR# _____ Road Name _____

CLARVIEW 2 4 (24x70) .79 AC

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: _____ Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 320 Ft.

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.

Signature of Authorized Agent for Harnett County [Signature] Date 02-21-02