

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) SAMUEL BLUE New Installation Septic Tank
 Property Location: SR# 1705 Old Fairground Repairs Nitrification Line

Subdivision Mary Hazel Johnson Lot # D

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: .5

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: 1200 gallons Pump Tank: _____ gallons

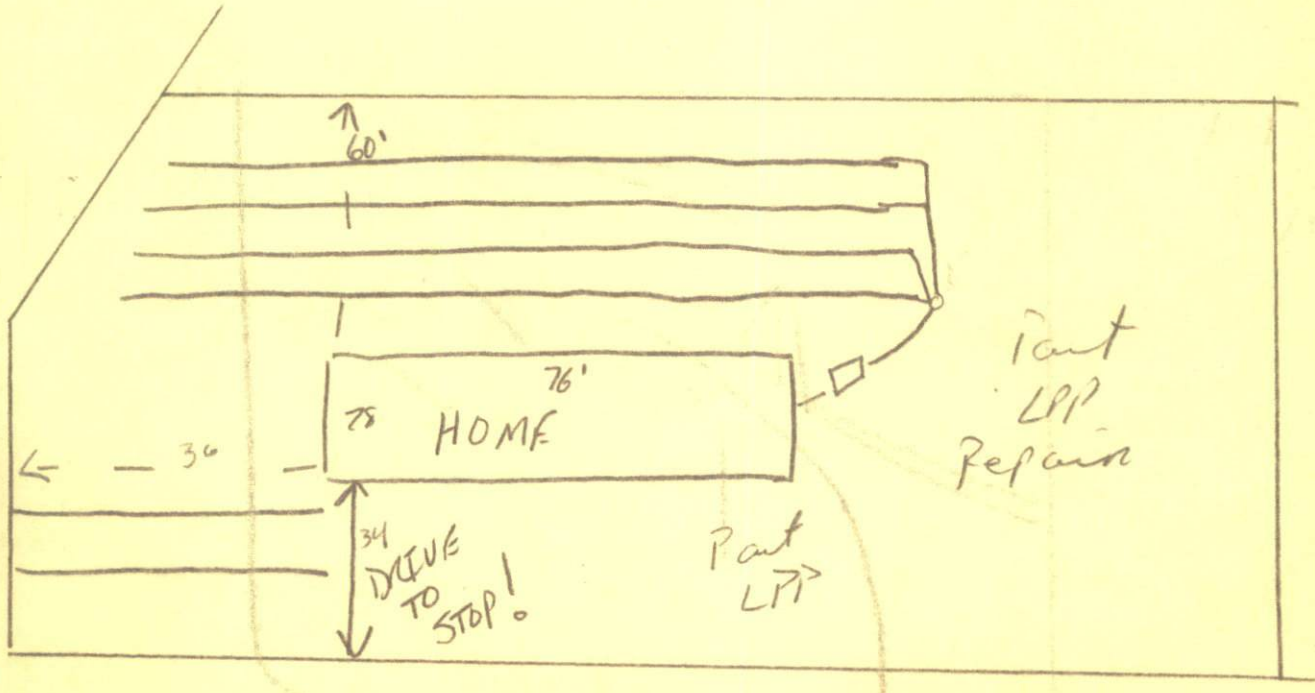
Subsurface No. of exact length width of depth of
 Drainage Field ditches 4 of each ditch 100 ft. ditches 3 ft. ditches 18.22 in.

French Drain Required: - Linear feet

Date: 4-18-02

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

Signed: James C. Merchant
 Environmental Health Specialist



#025-4593

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 # 19166. 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.*

Name SAMUEL BLUE Telephone # 919-894-1163

Address P.O. BOX 872 Benson N.C. 27504

Property Location SR# 1205 Road Name Old Ferguson

Subdivision MHF Lot # D # Bedrooms Proposed 4 Lot size .5

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 2 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18-22 inches

French Drain: Linear feet required _____ Depth of gravel 1

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

Date 4-18-82