

IMPROVEMENT PERMIT

02-5-4479

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) Rebecca Douglas New Installation Septic Tank
Property Location: SR# Hoover Rd Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 (14x70) Lot Size: 11.23 Ac

Basement with Plumbing: Garage: *NOTE This system is sized for 3 Bed Room home per homeowner request*

Water Supply: Well Public Community

Distance From Well: 50 ft. *NOTE changes in home location*

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 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18 max in.

French Drain Required: _____ Linear feet

Date: 5-3-02

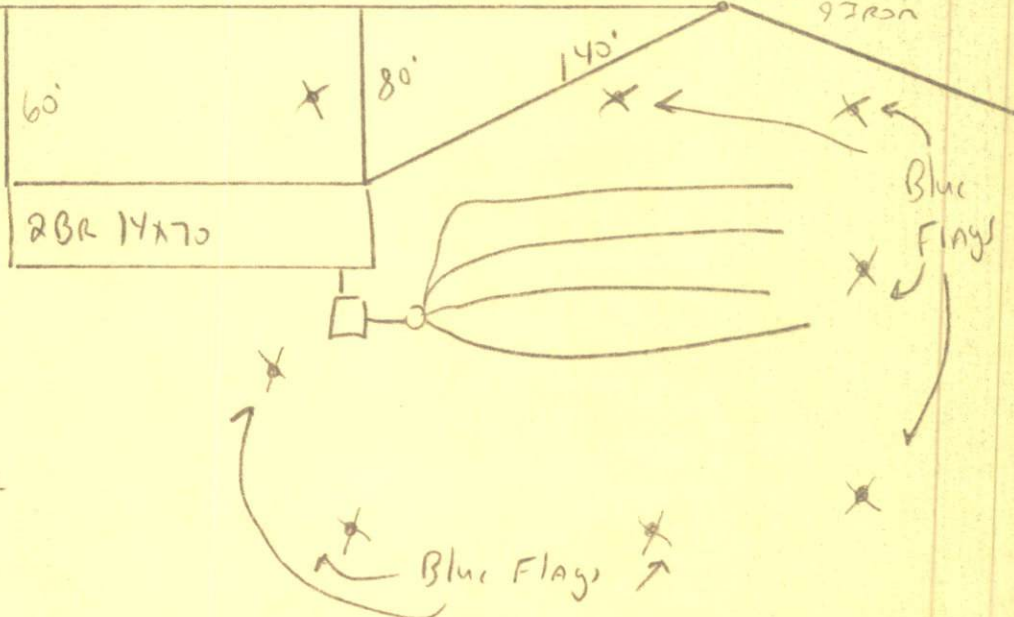
This permit is subject to revocation if site plans or intended use change.

Signed: [Signature] Environmental Health Specialist

Rear Property Line

Conc. monument 9720N

Keep SYSTEM within the Blue Flags
STUB out Plumbing shallow
18" Ditch Depth
Follow contour
Do not Drive on park on septic system



NETT 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 # 19074. 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 Rebecca Douglas Telephone # 919-478-6965

Address _____

Property Location SR# H5012 M Road Name _____

Subdivision _____ Lot # _____ # Bedrooms Proposed 2 (14x70) Lot size 11.23 ac

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: 50 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18 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.

Signature of Authorized Agent for Harnett County [Signature] Date 5-3-02