HARNETT COUNTY HEALTH DEPARTMENT

№ 19093

IMPROVEMENT PERMIT

02-5-4558

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) JAMIE LAWSON ☒ New Installation ☒ Septic Tank

Property Location: SR# 1141 ☐ Repairs ☒ Nitrification Line

Cherokee Trail

Subdivision — Lot # 74

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (28 x 80) Lot Size: 2.17 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 of each ditch 540 ft. width of ditches 3 ft. depth of ditches 18 MAX in.

French Drain Required: _____ Linear feet

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

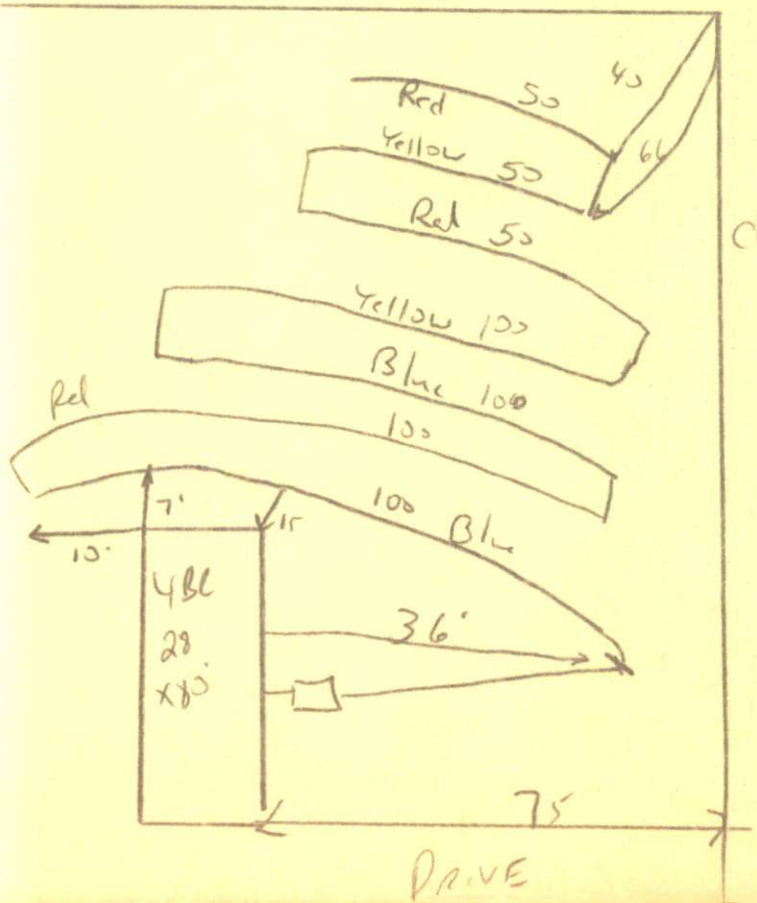
Date: 5-15-02

Signed: _____
Environmental Health Specialist

Must meet onsite Before Installing

Maintain All Set Back

Do not Drive or Park on septic system



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AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19093. 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.***

Jamie Lawson — Name

893-6331 — Telephone #

Address

1141 — Property Location SR#

Road Name

— — Subdivision

74 — Lot #

4 (28 x 80) — # Bedrooms Proposed

2.17 ac — Lot size

TYPE OF SYSTEM

[X] **New Installation** [ ] **Repair** [X] **Septic Tank** [X] **Nitrification Lines**

[X] **Conventional Other** _____

[ ] ***Basement*** [ ] ***With Plumbing*** [ ] ***Without Plumbing***

Water Supply: [ ] **Well** [X] **Public - Minimum Well Setback:** 50 **Ft.**

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 **# of lines per field** 1 **Length of lines** 540 **Ft.**

Width of ditches 3 **ft. Depth of ditches** 18 MIN **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] — Signature of Authorized Agent for Harnett County

5-15-02 — Date