

IMPROVEMENT PERMIT

02-5-4826

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) Vicky Lake & Edward Wilcox New Installation Septic Tank

Property Location: SR# 1155 Repairs Nitrification Line

Bufford Lane

Subdivision Reagan's Corner Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x48) Lot Size: 2.01 ac

Basement with Plumbing: Garage: MUST meet onsite before

Water Supply: Well Public Community installing septic system

Distance From Well: 50 ft. Final layout may change

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other ultra shallow

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

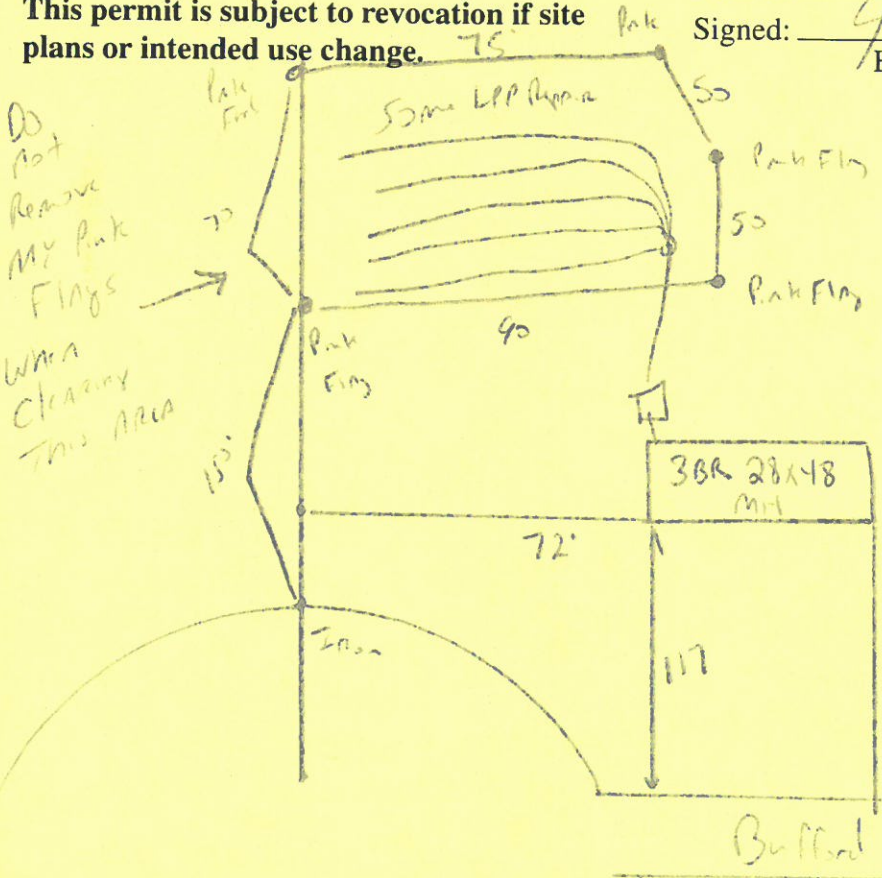
Subsurface Drainage Field No. of 5 exact length 80 width of 3 depth of 12 max
ditches of each ditch ft. ft. ft. in.

French Drain Required: _____ Linear feet

Date: 6-19-02

This permit is subject to revocation if site plans or intended use change. Signed: [Signature] Environmental Health Specialist

Do Not Remove My Pink Flags When Clearing This Area



MUST Be in 8 to 12' of soil
Maintain all set back,
meet onsite
Do not Drive or Park on Septic System.

Permit Protect to LPP Repair

Bufford Lane

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 # 19463. 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.*

Vicky Lake & Edward Wilcox 919-837-5462
Name Telephone #

Address _____

1115

Property Location SR# _____ Road Name _____

Maple Grove 04 3(28x48) 2.01 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: 55 Ft.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 12 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] 6-19-02
Signature of Authorized Agent for Harnett County Date