

IMPROVEMENT PERMIT

03-5-5346

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) Mykrehion Homes

New Installation Septic Tank

Property Location: SR# 1100 Line rd

Repairs Nitrification Line

Subdivision Thomas ~~Ranch~~ Ranch Est. Lot # 8A

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x56) Lot Size: 2.37 ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100' 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

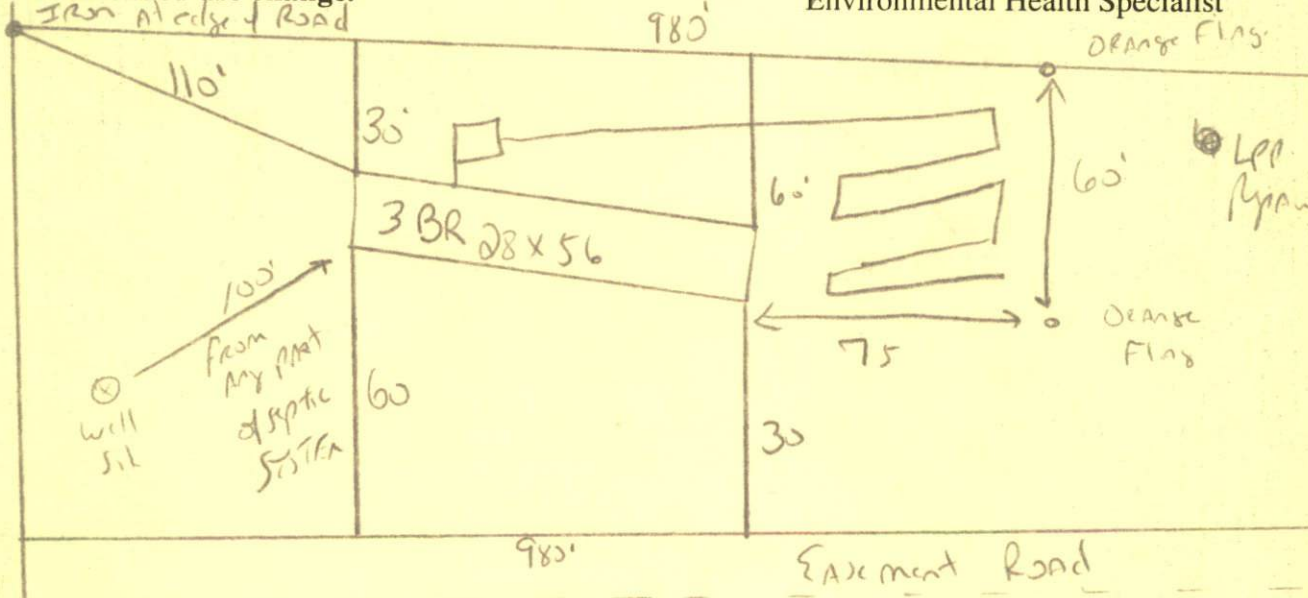
Subsurface Drainage Field No. of 1 exact length 240 width of 3 depth of 18 1/4 in.
ditches of each ditch ft. ft. ft. ft.

French Drain Required: _____ Linear feet

Date: 8-21-02

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

Signed: J. W. Ales
Environmental Health Specialist



TO SR 1100 ↓

MUST meet on site Before Installing septic system
keep well 100' from Any Part of septic system
MAINTAIN all set Backs
Do Not Drive or park on septic system

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19580. 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 Murchison Home Telephone # 919-777-0200

Address _____

Property Location SR# 1100 Road Name _____

Subdivision Thomas Ranch Etc Lot # 8A # Bedrooms Proposed 3 (28x56) Lot size 237 m

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
 Conventional Other _____ [] Basement [] With Plumbing [] Without Plumbing

Water Supply: Well [] Public - Minimum Well Setback: 100 Ft.
Septic Tank _____ Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 240 Ft.

Width of ditches 3 ft. Depth of ditches 18 2/4 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 8-21-02