

IMPROVEMENT PERMIT

03-5-5777

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) Nicole Davis
Property Location: SR# 1229
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Lot # 1

Tax ID # Quadrant #

Number of Bedrooms Proposed: 2 (14x65) Lot Size: .66 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

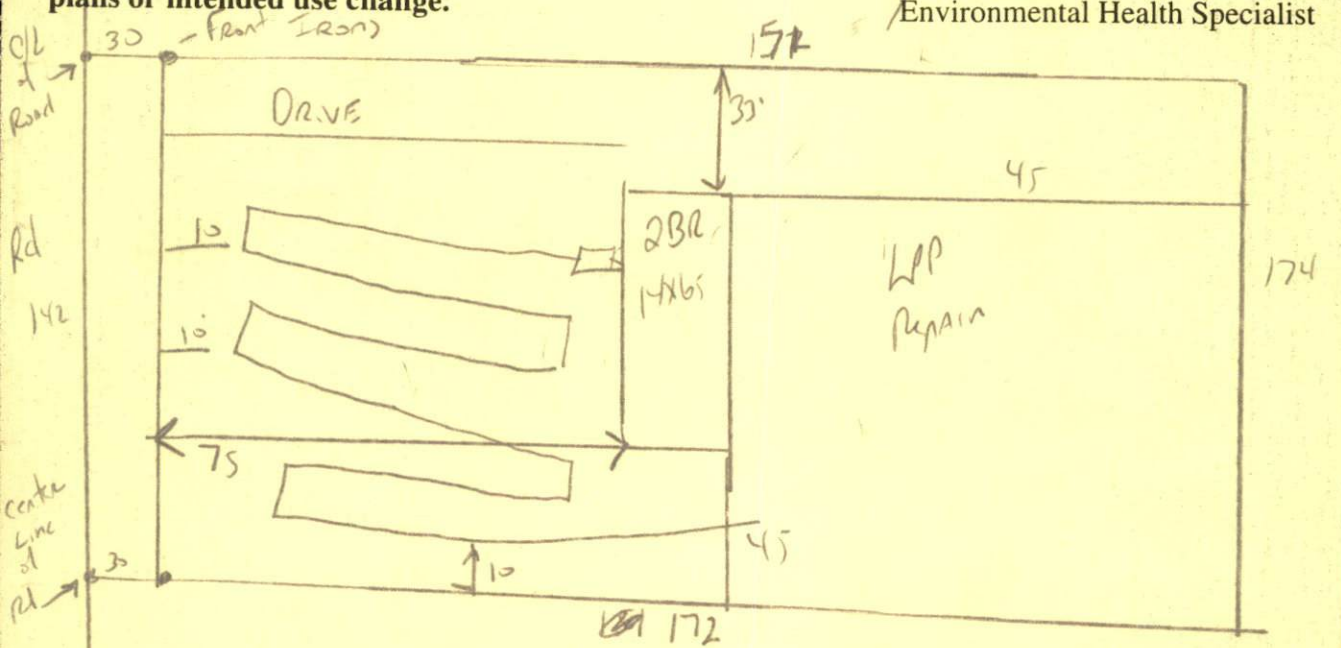
Subsurface Drainage Field: No. of ditches 1, exact length of each ditch 200 ft., width of ditches 3 ft., depth of ditches 18 in.

French Drain Required: Linear feet

Date: 10-30-02

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

Signed: Joe L. [Signature] Environmental Health Specialist



STUB out Plumbing shallow 18" max ditch Depth. Follow contours maintain all set Backs. Do not Drive or park on septic system

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 # 19785. 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 Nicole Davis Telephone # 919-498-1734

Address _____

Property Location SR# 1224 Road Name _____

Subdivision _____ Lot # 1 # Bedrooms Proposed 2(14x65) Lot size 0.66Ac

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.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 200 Ft.
Width of ditches 3 ft. Depth of ditches 18 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 10.30.02