HARNET I COUNTY HEALTH DEPARTMEN

0/-5-3105 No 18634

IMPROVEMENT PERMIT

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) Thomas G Be. Property Location: SR# 401N | New Installation Septic Tank | | |
|--|--|--|--|
| Subdivision | Lot # | | |
| Tax ID # | Quadrant # | | |
| Number of Bedrooms Proposed: | 3 Lot Size: 26 acres | | |
| Basement with Plumbing: | Garage: | | |
| Water Supply: Well Pub Distance From Well: 50 | | | |
| Following is the minimum specification | ns for sewage disposal system on above captioned property. Subject to | | |
| final approval. Type of system: Conventional | Other | | |
| | | | |
| | gallons Pump Tank: gallons | | |
| Drainage Field ditches 2 | exact length width of depth of of each ditch 150 ft. ditches 3 ft. ditches 18-22 in. | | |
| French Drain Required: | | | |
| This permit is subject to revocation plans or intended use change. | Date: | | |

#01-5-3109

AUTHORIZATION TO CONSTRUCT

| Harnett County Health Department Improvement Permit # 1913U This | | | | |
|--|----------------------|--------------------------|----------------|--|
| Harnett County Health Department, Improvement Permit # 186.34. 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 plan | | | |
| Thomas G Bensley | | 919-53 | 52-5055 | |
| Name | | 9/9 - 57 Telephone | # | |
| 9648 US 401 N F- Address | .V. N.C. | 27576 | | |
| | | | | |
| 401 | 40 l Road Name | | | |
| Property Location SR# | Road Name | | | |
| | | 3 | 26 Acres | |
| Subdivision | Lot # | # Bedrooms Proposed | Lot size | |
| | milbn op all | COMPAN A | | |
| | TYPE OF SY | STEM | | |
| [New Installation [] Repair [Septic Tank [Nitrificiation Lines | | | | |
| New Installation Repair 1 | Septic Tank [] Ni | trificiation Lines | | |
| | | | | |
| Conventional Other | Basement | [] With Plumbing [] Wi | thout Plumbing | |
| | | | | |
| Water Supply: [Well Public - Minimum Well Setback: 50 Ft. | | | | |
| A TOTAL CARROLL THAT IS CONTINUED IN CONTINU | | | | |
| NITRIFICATION FIELD SPECIFICATIONS | | | | |
| Number of fields 2 # of lines per field 2 Length of lines 150 Ft. | | | | |
| Number of fields # of lines per field Length of lines Ft. | | | | |
| Width of ditchesft. Depth of ditches | | | | |
| width of ditches it. Depti | 1 of ditches 10° CC | inches | 9 | |
| | - D 11 C | . ~ | | |
| French Drain: Linear feet required Depth of gravel | | | | |
| No most most most most most most most mos | Il he servered on a | alagad into usa by any | nanca until ca | |
| 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. | | | | |
| | | | | |
| | | | | |
| James & Manhante | Mes- | 11-19-11 | | |
| Signature of Authorized Agent for Harnett | | //-/17-6/ Date | - | |