IMPROVEMENT PERMIT 22390

| 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." |
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| Name: (owner) Michael BASS-CMH HomeSNew Installation Septic Tank Repair |
| Property Location: SR# 1428 (CNNCE Smeth RD) Nitrification Line Expansion Lot # 3 |
| Tax ID# Quadrant # Number of Bedrooms Proposed: 4 480675 Lot Size: 1.678 |
| Basement with Plumbing: Garage: |
| Water Supply: Well Public Community Distance From Well: 56' ft. |
| Following is the minimum specifications for sewage disposal system on above captioned property. |
| Subject to final approval. |
| Type of system: Other Other 25% Reduction Tysten |
| Size of tank: Septic Tank: gallons Pump Tank: gallons |
| Subsurface No. of exact length width of depth of Drainage Field ditches 4 ft. of each ditch 160 ft. ditches 3 ft. ditches 24 in. |
| French Drain Required:Linear feet Date:3-2-06 |
| This permit is subject to revocation if site plans or intended use change. PERMIT EXPIRES 5 YEARS FROM ABOVE DATE |
| This permit is subject to revocation if site plans or intended use change. Signed: Signed: Environmental Health Specialist |
| 15' Reproper To The Company of the proper o |

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to Harnett County Department of Public Health, Improvement Perm | nit # 22390 This | |
|---|--|--|
| authorization shall be valid for a period not to exceed five (5) year This authorization will be invalid if ownership, site plans, or into | ars from the date of issuance. tended use change. | |
| Michael BASS - CMH Homes Name 3912 Fayettevelle RD Ratega N.C. Address | 919-630-0408 | |
| 30.5 | Telephone # | |
| Address N.C. | 27603 | |
| Property Location SR# | | |
| Subdivision Lot # Bedrooms Proposed | | |
| TYPE OF SYSTEM | Lot Size | |
| [New Installation [] Repair [Septic Tank [Ni | trification Lines | |
| [] Conventional [YOther 25% REDUCTION System | • | |
| [] Basement [] With Plumbing [] Without Plumbing | | |
| Water Supply: [Well Public Water Supply Minimum V | Well Setback: _50' _Ft. | |
| Septic Tank gal Pump Chamber | | |
| NITRIFICATION FIELD SPECIFICATIONS | | |
| Number of fields # of lines per field Leng | | |
| Width of ditches ft. Depth of ditches inches | | |
| French Drain: Linear feet required Depth of gravel | | |
| | | |
| No wastewater system shall be covered or placed into use by any p Harnett County Health Department has determined that the system the conditions of the Improvement Permit and that a valid Operation | has been installed according to | |
| | | |
| Signature of Authorized Agent for Harnett County | 3-7-06 | |
| Parameter of Authorized Agent for Harnett County | Date | |