

IMPROVEMENT PERMIT

HTE 04-5-9916R

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) Mike Ray James Ray New Installation Septic Tank
Property Location: SR# 1291 Old US 421 Repairs Nitrification Line

Subdivision Mamie Bell Ridge Lot # 55

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .57Ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min 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 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 18-24 in.

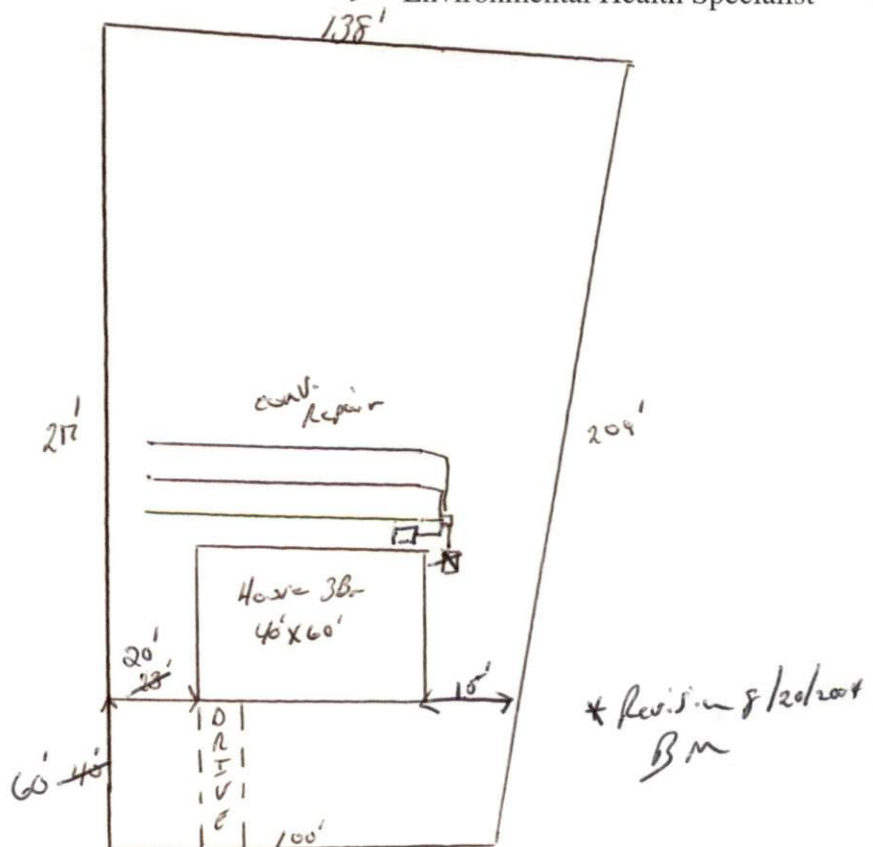
French Drain Required: _____ Linear feet

Date: 7/21/2004

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

Signed: Bryan McSwain R.S.
Environmental Health Specialist

* Maintain all setbacks



MARV. a Ferguson Dr.

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20534. 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 Mike Ray James Ray Telephone # 499-8382
861 Stewart Rd. C. H. Kingston, NC 27546

Address 3417 Spring Hill Church Rd. C. H. Kingston, NC 27546

Property Location SR# 1291 Road Name Old US 421

Subdivision Mania Bell Ridge 55 Lot # 3 # Bedrooms Proposed 3 Lot Size .57 Ac

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 70 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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]
Signature of Authorized Agent for Harnett County

7/21/2004 8/20/04
Date Bm