

HTE 04 50011074

IMPROVEMENT PERMIT

21506

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) RWB Inc
Property Location: SR# 1178 1/2 Keith Rd
New Installation [checked]
Septic Tank [checked]
Repairs []
Nitrification Line [checked]

Subdivision Buffalo Lakes Lot # 19
Tax ID #
Quadrant #

Number of Bedrooms Proposed: 2 (24x32) Lot Size: .36 AC
Basement with Plumbing: [checked] Garage: [] If There Is No Plumbing in Basement
Water Supply: [] Well [checked] Public [] Community Pump may not be Required.
Distance From Well: 50' ft. Permit Issued To carry stone calls for chamber system

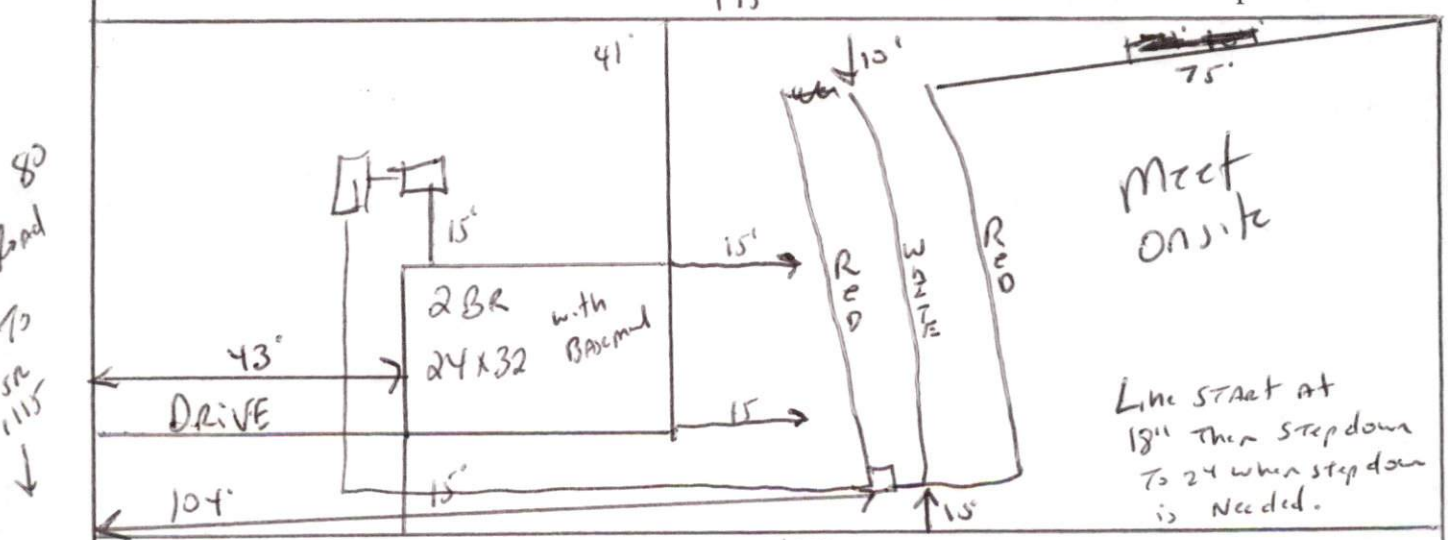
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: [] Conventional [checked] Other Pump 25% Reduction SYSTEM
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 18 in.
French Drain Required: [] Linear feet 25% Reduction SYSTEM

Deed Recorded Feb. 1981 No Repair Required Date: 01-10-05

This permit is subject to revocation if site plans or intended use change.
Signed: J. W. [Signature] Environmental Health Specialist



IF There is no Plumbing in Basement Pump may not be Required
MUST Meet on site Tanks & Line must 15' from House if it has Basement
MAINTAIN All set Backs No Repair Area Required due To Age of Lot Feb. 1981

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 # 21504. 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 RWB Inc Telephone # _____

Address _____

Property Location SR# 1178 Vicketh rd Road Name _____

Subdivision Buffalo Lake Lot # 19 # Bedrooms Proposed 2(24 x 32) Lot Size .36 Ac

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other Propose 25% Reduction system

[] Basement [] With Plumbing [] Without Plumbing

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

Septic Tank 1000 gal Pump Chamber 100 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 18 inches of 25% Reduction system

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 Joe West RS

Date 01-10-05