HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05-5001333

IMPROVEMENT PERMIT 22338

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) Anthony Wayne & Kimberly Garner — New Installation ☒ Septic Tank ☒ Repair ☐

Property Location: SR# 1201 — Nitrification Line ☒ Expansion ☐

Subdivision Anthony Wayne Garner — Lot # 2

Tax ID# _____ — Quadrant # _____

Number of Bedrooms Proposed : 3 (68x52) 360gpd — Lot Size: 10.44 AC

Basement with Plumbing: ☐ Garage: ☒

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: 50 ft.

Meet onsite once AREA is cleared - MAY Be able to move house location To get out of Pump.

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

Type of system: ☐ Conventional ☒ Other Pump to Conventional

Size of tank: Septic Tank: 1000 gallons — Pump Tank: 1000 gallons

Subsurface Drainage Field: No. of ditches 1 ft. — exact length of each ditch 300 ft. — width of ditches 3 ft. — depth of ditches 18 MAX in.

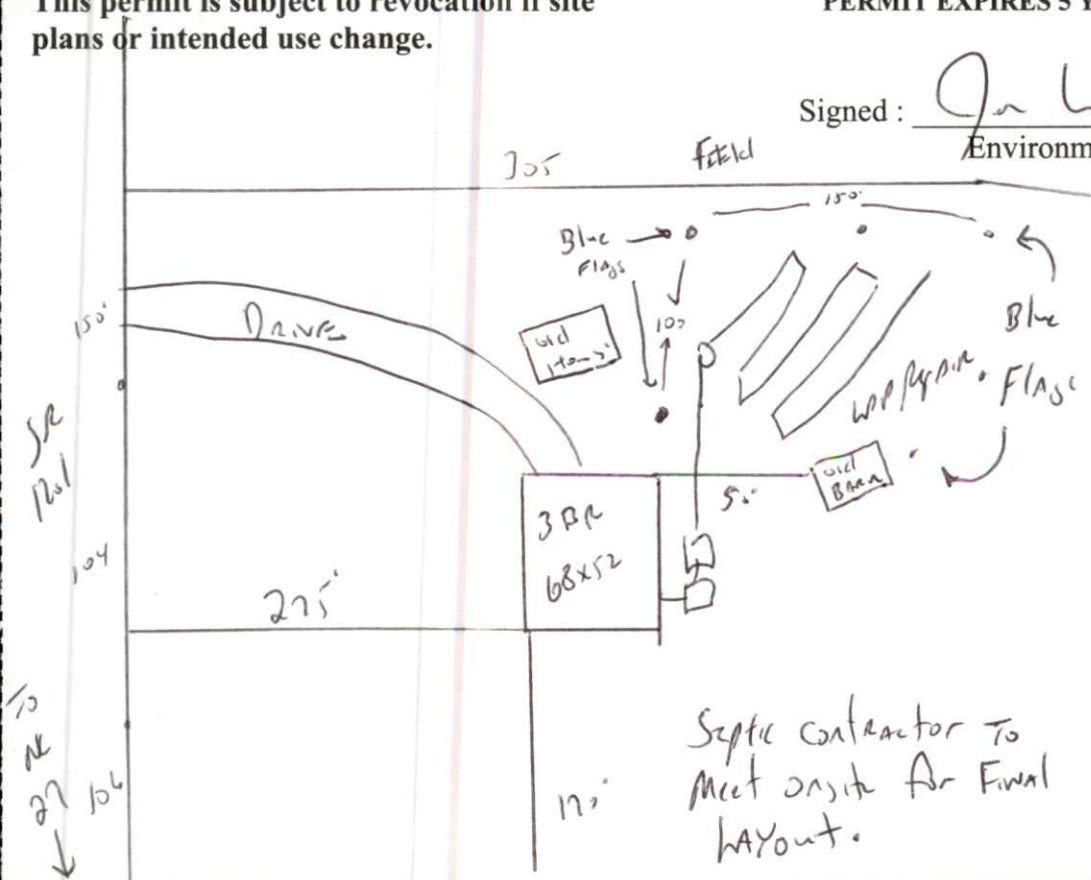
French Drain Required: _____ Linear feet

Date: 11-7-05

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed : Jon LARI
Environmental Health Specialist



Meet onsite once AREA IS cleared. MAY be ABLE To move house & Not Require Pump DO not Remove My Blue Flags during Clearing.

Septic Contractor To Meet onsite for Final LAYout.

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 # 22338. 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.***

Anthony Wayne & Kimberly Barner
Name

Telephone #

Address

1201
Property Location SR#

Anthony Wayne Corner 2 — Subdivision
Lot #
3 (600 gal) (608 x 52) — # Bedrooms Proposed
Road Name
10.44 ac — Lot Size

TYPE OF SYSTEM

[X] New Installation [ ] Repair [X] Septic Tank [X] Nitrification Lines

[ ] Conventional [X] Other Pump To

[ ] *Basement* [ ] *With Plumbing* [ ] *Without Plumbing*

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

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

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

Width of ditches 3 ft. Depth of ditches 18 MAX 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.

for West RS
Signature of Authorized Agent for Harnett County

11-7-05
Date