

HTE# 05-5-13368

IMPROVEMENT PERMIT 22785

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) Joseph Freeman New Installation Septic Tank Repair

Property Location: SR# 1415 RAWLS CH RD Nitrification Line Expansion

Subdivision Legacy at Rawls Lot # 38

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 360 GPD Lot Size: .46 ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50' 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 ft. exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 24-18 in.

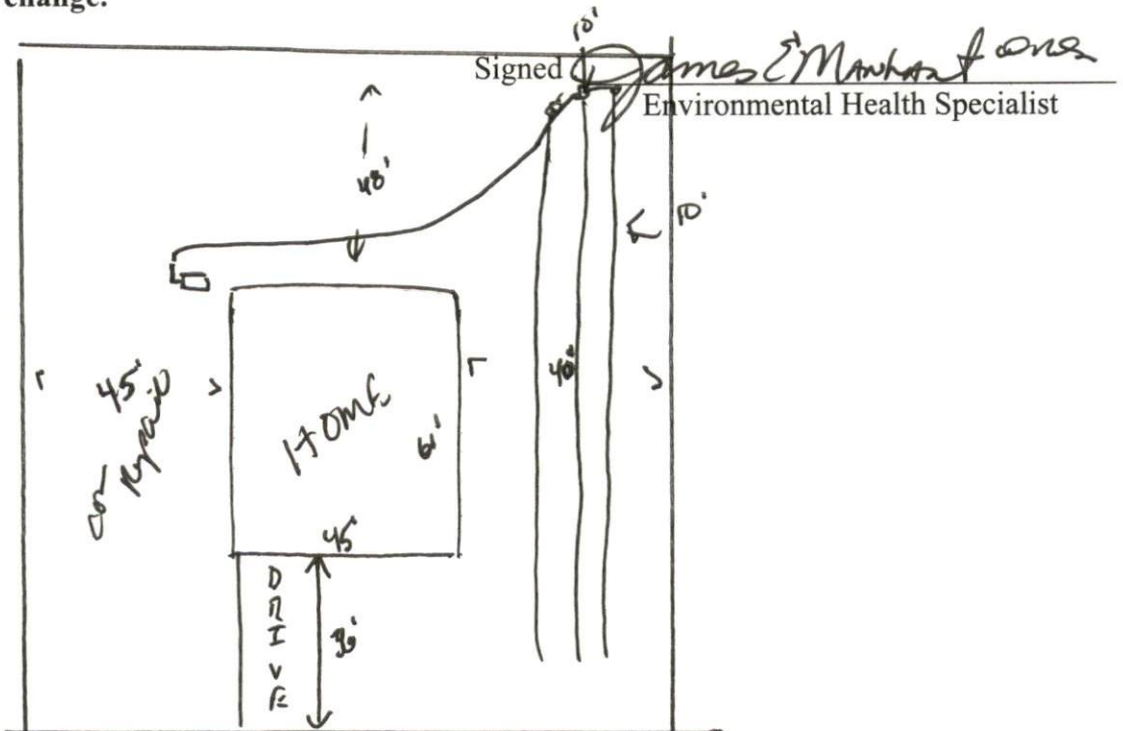
French Drain Required: - Linear feet

Date: 11-15-05

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

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

* Placement OF TANK AND supply LINE AHEAD IN FUTURE Repair situation.



Signed James E. Mankin
Environmental Health Specialist

WOODFIELD CT

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 # 22785. 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 Joseph Freeman Telephone # 919-427-4259

Address 812 White Meadows Dr F.V. N.C. 27526

Property Location SR# 1415 Road Name Roads Ct RD

Subdivision Legacy at Roads Lot # 38 # Bedrooms Proposed 3 360 GPD Lot Size .46 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: _____ Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 3 Length of lines 100 Ft.
Width of ditches 3 ft. Depth of ditches 24-18 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 of Authorized Agent for Harnett County: James E. Mansour Date 11-15-05