

IMPROVEMENT PERMIT 23075

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) Michael Phillips New Installation Septic Tank Repair
Property Location: SR# 1201 Nitrification Line Expansion
Subdivision CAROLINA SEASONS Lot # 11-9
Tax ID# _____ Quadrant # _____

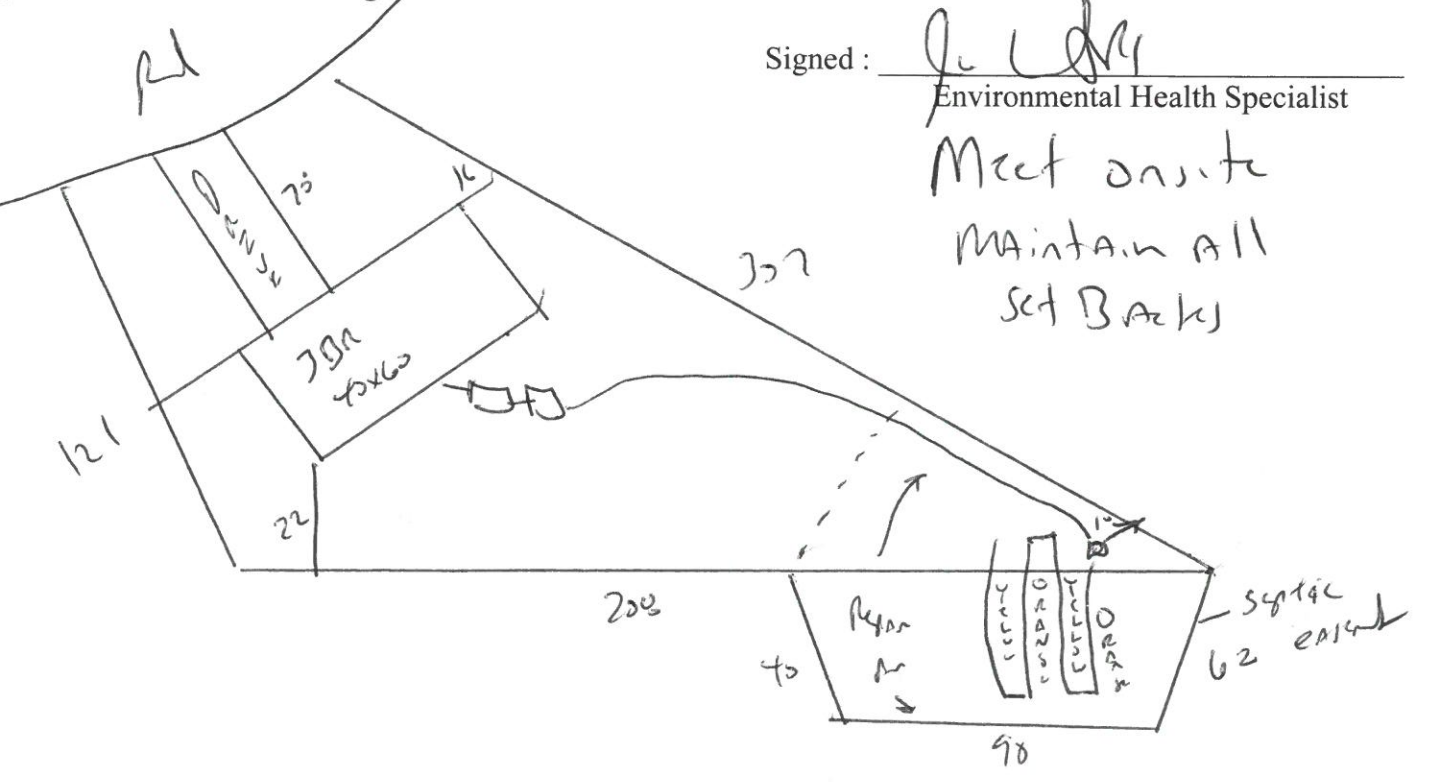
Number of Bedrooms Proposed: 3 (40x60) 360 gpd Lot Size: .5 AC plus septic easement
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 ft.

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

Type of system: Conventional Other Pump to 25% Reduction System
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface Drainage Field No. of ditches 1 ft. exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18-24 in.
French Drain Required: _____ Linear feet of 25% reduction system

This permit is subject to revocation if site plans or intended use change. Date: 6.27.06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE



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 # 23075. 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 Michael Phillips Telephone # _____

Address 1201

Property Location SR# _____ Road Name _____
Subdivision Carolina Seasons Lot # H-9 # Bedrooms Proposed 3 (40x60) 360 gal Lot Size .5 ac plus Septic easement

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other Pump to 25% Reduction SYSTEM
[] Basement [] With Plumbing [] Without Plumbing

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

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 150 Ft.
Width of ditches 3 ft. Depth of ditches 17 1/2 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 Waters

Date 6-27-06