

IMPROVEMENT PERMIT

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) TRAVIS DAWSON

New Installation

Septic Tank

Property Location: SR# 1418 REVER RD

Repairs

Nitrification Line

Subdivision _____ Lot # 5

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4800 4806PD Lot Size: 5 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 25% Reduction System

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

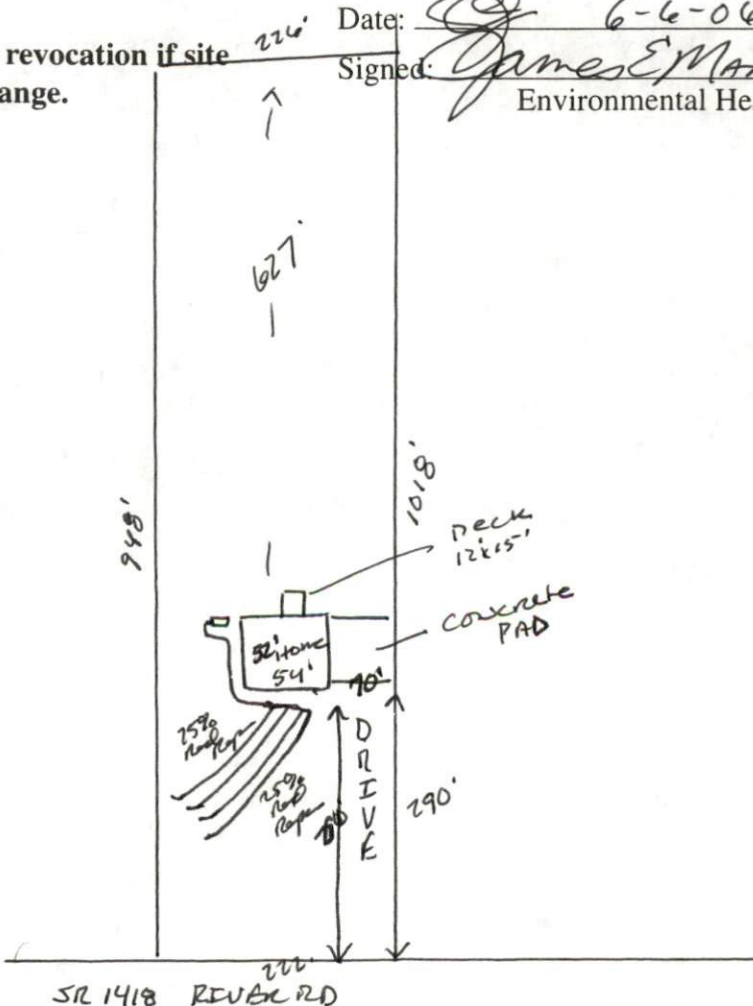
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 22" max in.

French Drain Required: _____ Linear feet

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

Date: 6-6-06

Signed: James E. Manhart
Environmental Health Specialist



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 # 14328. 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.***

TRAVIS DANSON Name 919-552-0246 Telephone #

136 Thornburgh Ln F.V. N.E. 27526 Address

1418 Property Location SR# REVERA RD Road Name

Subdivision _____ Lot # _____ # Bedrooms Proposed 4132-480GPD Lot Size 5A

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% Reduction System

Basement With Plumbing Without Plumbing

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

Septic Tank 1200 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 22" 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.

James E. Marshall
Signature of Authorized Agent for Harnett County

6-6-06
Date