

IMPROVEMENT PERM

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) JAMES JACKSON

[X] New Installation [X] Septic Tank

Property Location: SR# 1443 LAFAYETTE RD

[] Repairs [X] Nitrification Line

Subdivision V.H.

Lot # 134

Tax ID #

Quadrant #

Number of Bedrooms Proposed: 3 BRN 360 GPD

Lot Size: .57

Basement with Plumbing: []

Garage: [X]

Water Supply: [] Well [X] 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

[X] Other 25% Reduction System

Size of tank: Septic Tank: 1000 gallons

Pump Tank: _____ gallons

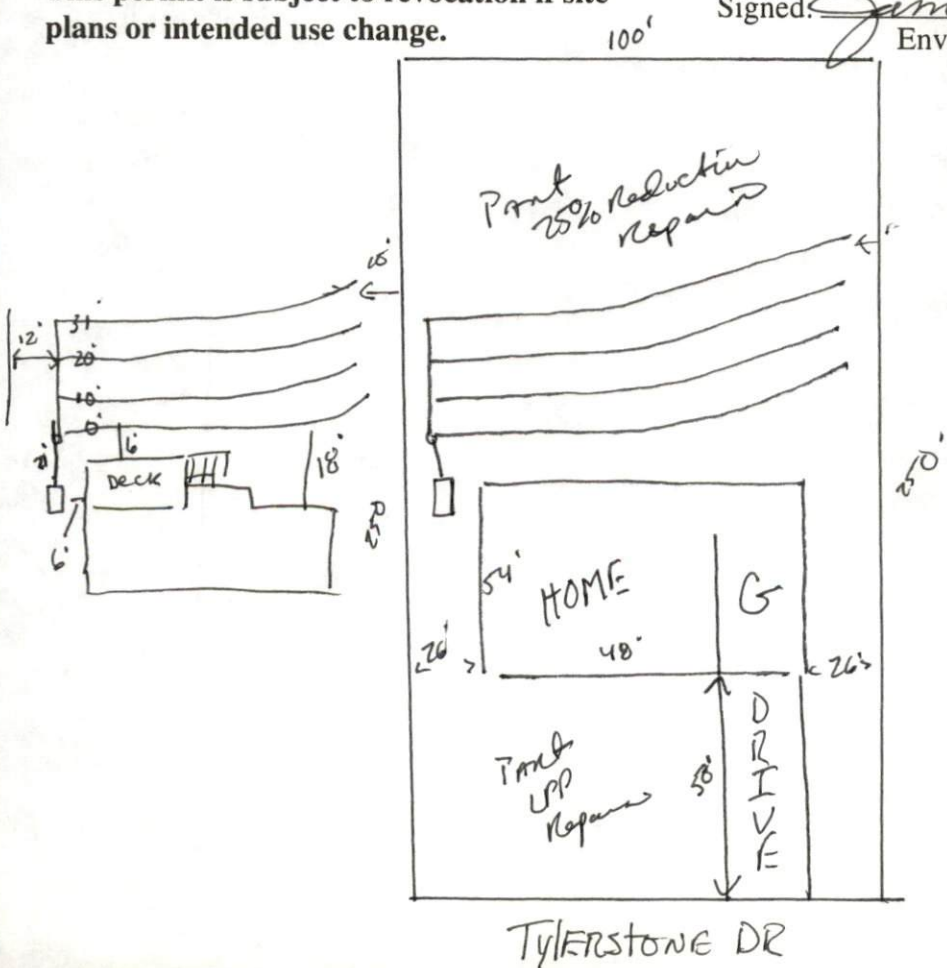
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 22-18 in.

French Drain Required: _____ Linear feet

Date: 5-26-06

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

Signed: James E. Markant 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 # 14317. 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.*

JAMES JACKSON Name 910-852-6288 Telephone #

902 C WEST BROAD ST DUNN N.C. 28334 Address

1443 Property Location SR# Lafayette Road Name

V.H. Subdivision 134 Lot # 3 on 3606 PD # Bedrooms Proposed .57 Lot Size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other 25% Reduction Syst

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 4 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 22-18 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.

James E. Manhart
Signature of Authorized Agent for Harnett County

5-26-06
Date