

HARNETT COUNTY HEALTH DEPARTMENT

ITE# 06-5-15163

IMPROVEMENT PERMIT 23131

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) KEN DAWSON HOMES INC New Installation Septic Tank Repair
Property Location: SR# 1707 NEIGHBORS RD Nitrification Line Expansion
Subdivision BENNETT PLACE Lot # 27
Tax ID# _____ Quadrant # _____
Number of Bedrooms Proposed: 3 BR / 360 GPD Lot Size: .67

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: _____ 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

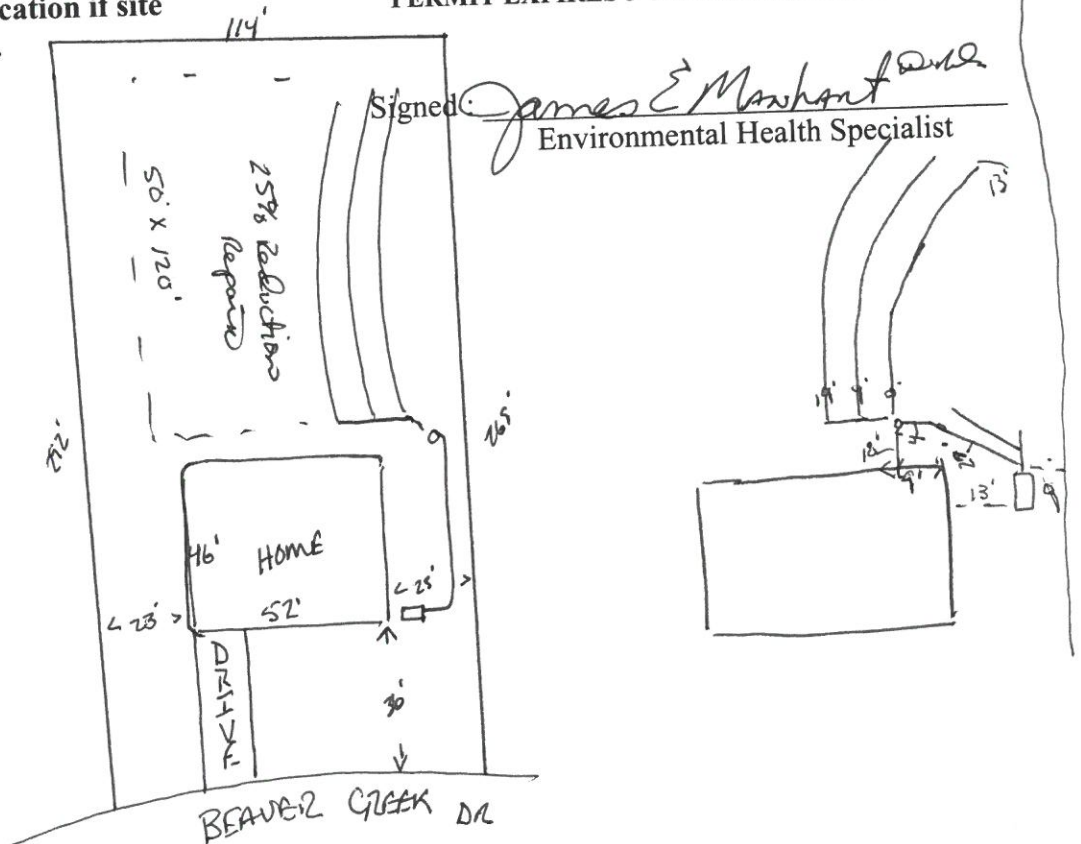
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

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

French Drain Required: - Linear feet

Date: 8-28-06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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



06-5-15763

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 # 23131. 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.*

KEN DAWSON Name 919-422-6979 Telephone #

120 EDMONDSON DR Wellon Springs N.C. 27552 Address

1707 Property Location SR# NEIGHBORS Road Name

BENNETT PLACE 27 3BR-3606PD .67
Subdivision Lot # # Bedrooms Proposed Lot Size

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 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 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. Mandan
Signature of Authorized Agent for Harnett County

8-28-06
Date