HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

№ 16570

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) Willie Lassiter / Lola Bryant ☒ New Installation ☒ Septic Tank

Property Location: SR# 1130 Wavington ☐ Repairs ☒ Nitrification Line

Subdivision McNeill Acres Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Three Lot Size: _____

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 _____

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

Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 12 in.

6" cover required

French Drain Required: _____ Linear feet

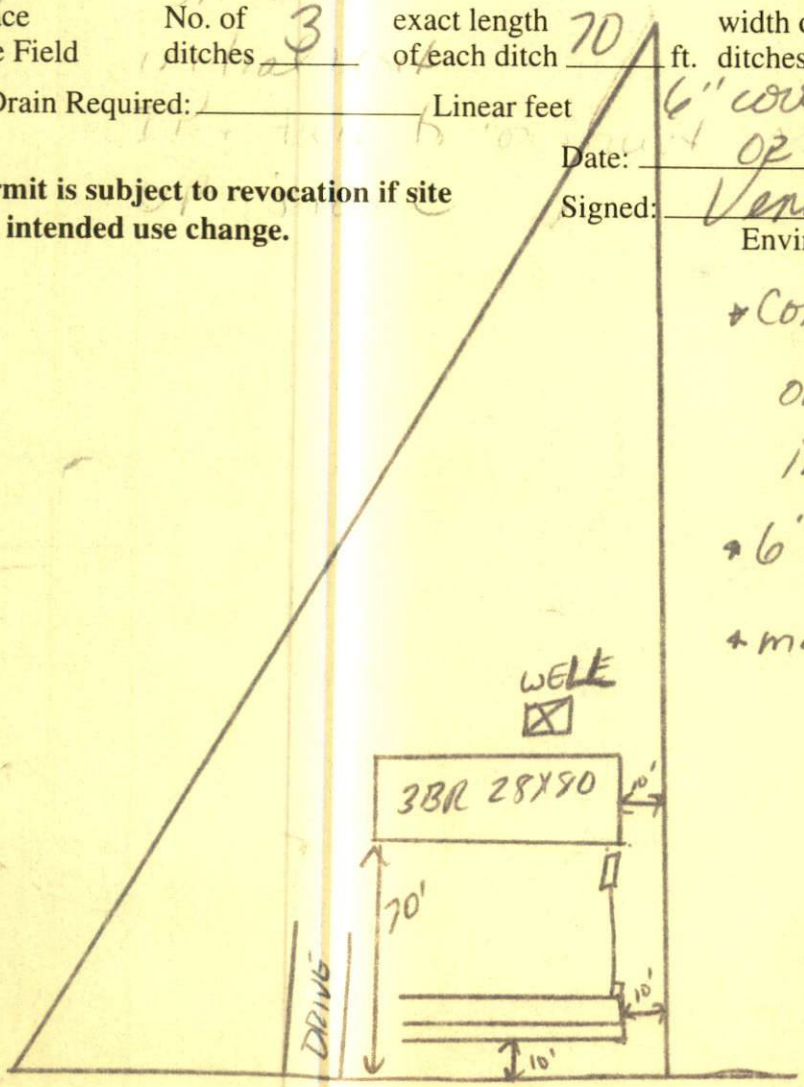
Date: 02 November 1999

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

Signed: Vincent R Daft

Environmental Health Specialist

* Contractor must meet on-site prior to installation.
* 6" cover required
* markers & filter required.



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16570. 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.

Owner or Authorized Agent _____

Name: Willie Lassiter / Lola Bryant **Telephone #** 893-9116

Address: 2817 Leaflet Church Rd. Broadway, NC

Property Location: SR # 1130 **Road Name** Warrington

New Installation X **Repair** _____ **Septic Tank** X **Nitrification Lines** X

Subdivision McNeill Acres **Lot #** 1

Number of Bedrooms Proposed: Three **Lot size:** _____

Basement _____ **With Plumbing** _____ **Without Plumbing** _____

Water Supply: Well _____ **Public** X **Minimum Well Setback:** 50 **ft.**

Type of System: Conventional X **Other** _____

Tank Volume: Septic Tank 1000 **gallons** **Pump Chamber** _____ **gallons**

Nitrification Field Specifications

Number of fields 1 **Number of Lines per Field** 3 **Length of lines** 70 feet

Width of ditches 3 **ft. Depth of ditches** 12 **inches** 6" cover required

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.

Authorized Agent for Harnett County Health Department

Name: Vincent R. Ng **Date:** 02 Nov 99

(Revised 2/96)CNSTRCT.WPD