01-5-3280

HARN[illegible] COUNTY HEALTH DEPARTMI[illegible]

IMPROVEMENT PERMI[illegible]

№ 17654

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) Roy Lewis ☑ New Installation ☑ Septic Tank

Property Location: SR# 1401 Rollins Rd. ☐ Repairs ☑ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 1.985 Ac

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☑ Public ☐ Community

Distance From Well: 50 min 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 135 ft. width of ditches 3 ft. depth of ditches 36-18 in.

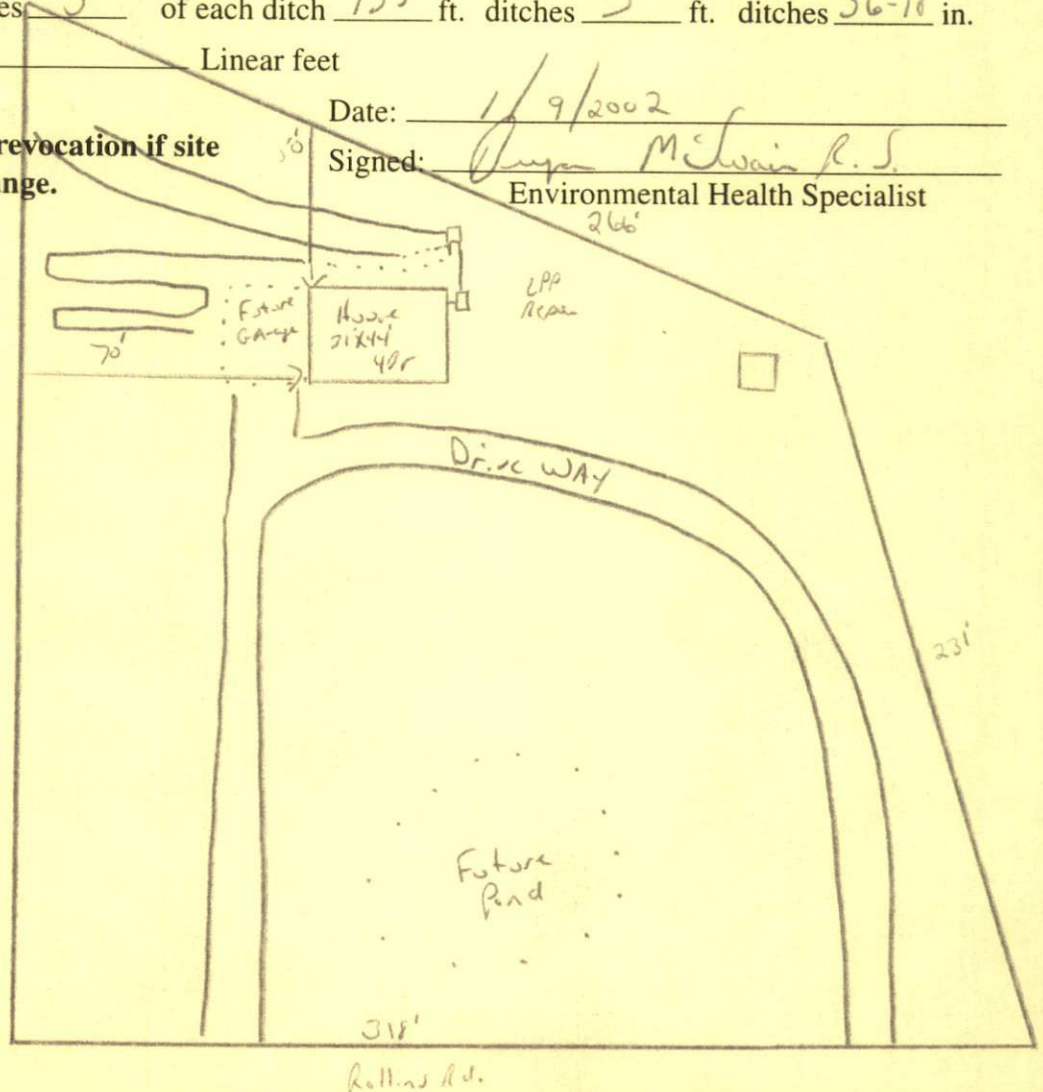
French Drain Required: _____ Linear feet

Date: 1/9/2002

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

Signed: Jimmy McSwain R.S.
Environmental Health Specialist

*Maintain all set backs
* Top Ditch will be 36 inches
* Bottom Lines should shallow out
* Contractor to meet on site prior to installing system



ARNETT COUNTY HEALTH DEPART T

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 17654 **. 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.***

Roy Lewis — 919-639-6059
Name — Telephone #

1351 Mt. Pleasant Rd. Willow Springs N.C. 27592
Address

1401 — Rollins
Property Location SR# — Road Name

Subdivision — Lot # — 4 # Bedrooms Proposed — 1.985 Ac Lot size

TYPE OF SYSTEM

[✓] New Installation [ ] Repair [✓] Septic Tank [✓] Nitrification Lines

[✓] Conventional Other _____ [ ] *Basement* [ ] *With Plumbing* [ ] *Without Plumbing*

Water Supply: [ ] Well [✓] Public - Minimum Well Setback: 50 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 135 Ft.

Width of ditches 3 ft. Depth of ditches 36-18 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.

Bryan McLain R.S. — 1/9/2002
Signature of Authorized Agent for Harnett County — Date