

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) Robert B. Helmlinger

New Installation Septic Tank

Property Location: SR# Rollins Rd.

Repairs Nitrification Line

Subdivision Odell Betts Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 existing Lot Size: _____

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: Existing gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18-20 in.

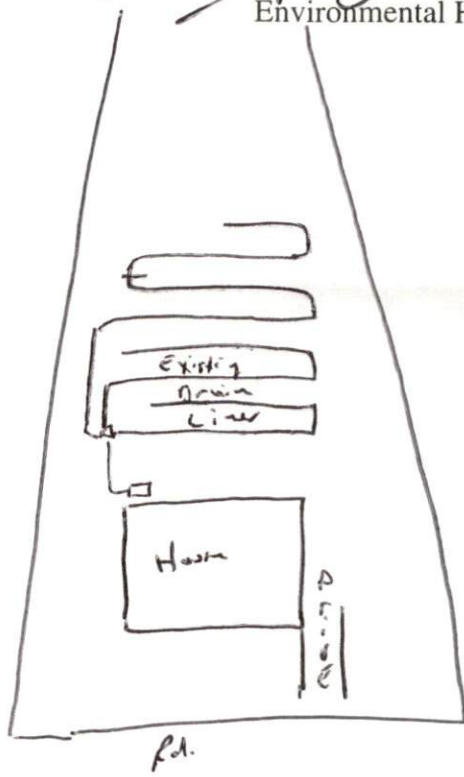
French Drain Required: _____ Linear feet

Date: 5/1/2003

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

Signed: [Signature]
Environmental Health Specialist

* Maintain all setbacks



**HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRU**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20134. 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.

Robert Helmlinger Name 919-559 1059 Telephone#

331 Rollins Rd. Fuquay Varine NC 27526 Address

1413 Property Location SR# Rollins Road Name

Ocell Betts Subdivision 1 Lot # Existing # 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: 50 Ft.

Septic Tank Existing gal Pump Chamber gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 150 Ft.

Width of ditches 3 ft. Depth of ditches 18-24 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 McLean R.S. Signature of Authorized Agent for Harnett County of Harnett 5/1/2003 Date