

IMPROVEMENT PERMIT

015-1521

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 Mobley
Property Location: SR# HWY 210 EAST LANE 5th house on right
Subdivision Mobley Lot # 4

Tax ID # _____ Quadrant # _____
Number of Bedrooms Proposed: 2 (40 x 50) Lot Size: .95

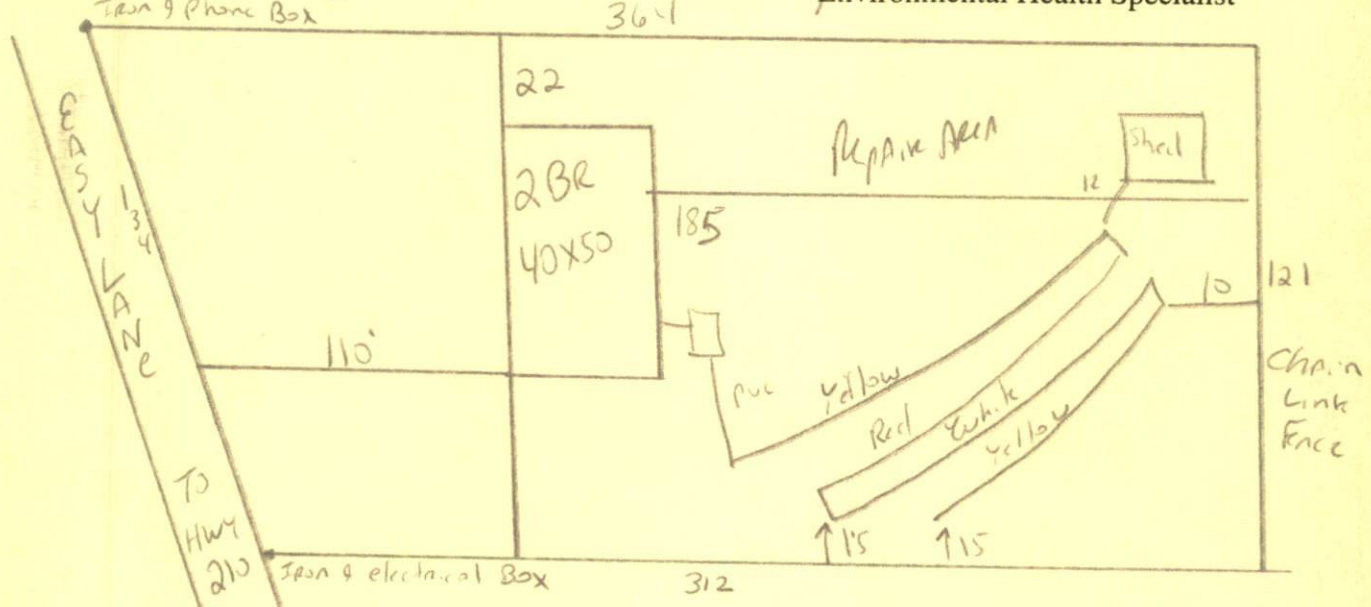
Basement with Plumbing: [] Garage: [] Meet on site
Water Supply: [] Well [] Public [] Community
Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: [X] Conventional [] Other
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field No. of ditches: 1 exact length of each ditch: 300 ft. width of ditches: 3 ft. depth of ditches: 18 MAX in.
French Drain Required: _____ Linear feet

Date: 03-20-01
Signed: [Signature] Environmental Health Specialist

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



STUB out Plumbing shallow - 18" max
Ditch Depth - meet on site - follow contours
MAINTAIN ALL SETBACKS - DO NOT DRIVE OR PARK ON SEPTIC

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18276. 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 JAMES Mobley

Name: _____ Telephone # 843-5975

Address: _____

Property Location: SR# HWY 210 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Mobley Lot # 4

Number of Bedrooms Proposed: 2 (40x50) Lot size: 0.95 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 300

Width of ditches 3 ft. Depth of ditches 18 MAX 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 03-20-01