

IMPROVEMENT PERMIT

01-5-2285R

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) M & M Const.

New Installation Septic Tank

Property Location: SR# 1116

Repairs Nitrification Line

Subdivision Colonial Hills Lot # 9

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (36x65) Lot Size: .582 ac

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 _____

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

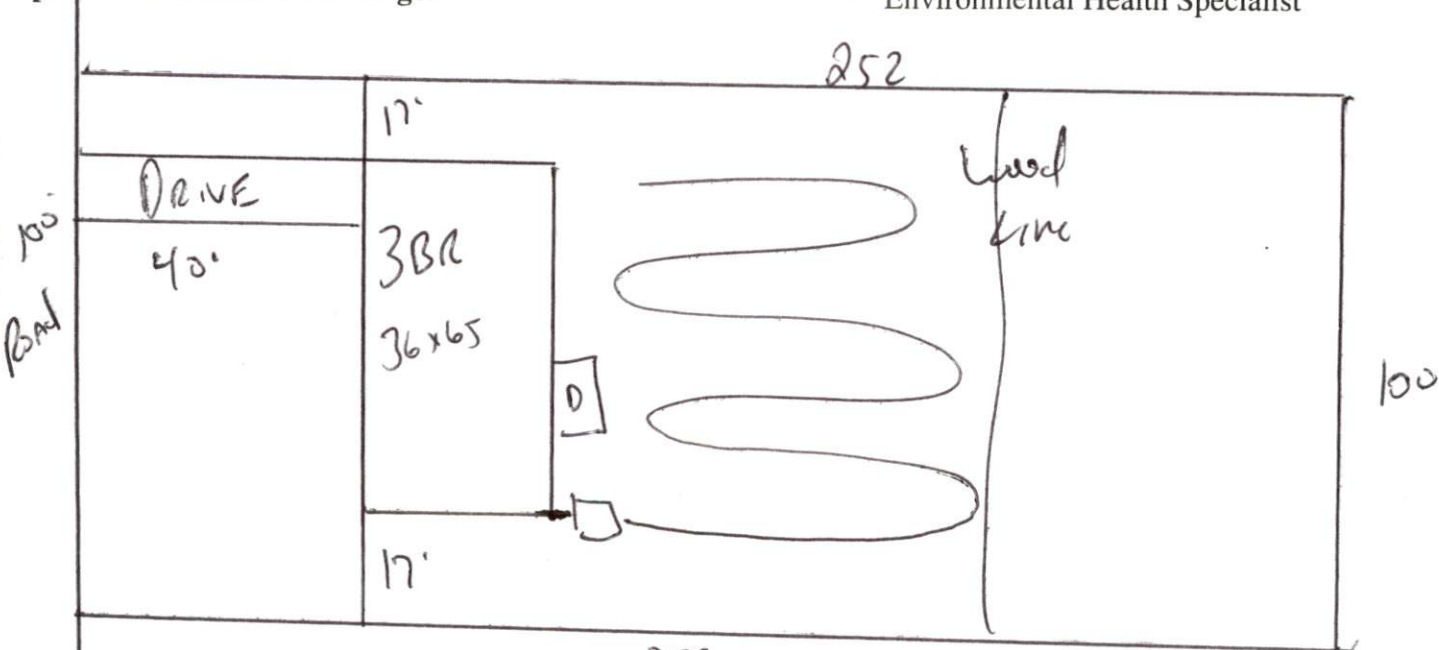
Subsurface Drainage Field No. of ditches 1 exact length 300 width of 3 depth of 18 in. of each ditch 300 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

Date: 6-4-03

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

Signed: Jon Under Environmental Health Specialist



STUB out Plumbing as high as possible - meet onsite
18" Ditch Depth - MAINTAIN ALL SET BACKS
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

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 # 19419. 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.

Name MGM Const Telephone# 864-7299

Address _____

Property Location SR# 1116 Road Name _____
Subdivision Colonial Hills Lot # 9 # Bedrooms Proposed 3 (36x65) Lot Size .582

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank [] Nitrification Lines
 Conventional [] Other _____
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITIRFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.
Width of ditches 3 ft. Depth of ditches 18 in 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.

Signature of Authorized Agent for Harnett County of Harnett [Signature] Date 6-4-07