

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) D. G. Langdon + Sons New Installation Septic Tank
 Property Location: SR# 1532 Repairs Nitrification Line

Subdivision Barclays Lot # 9

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .852ac

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 Pump to Polystyrene Aggregate Trench System (NWS-95-32)

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

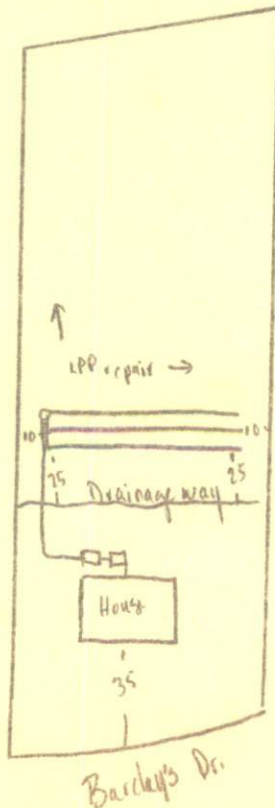
Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 12-18 in.

French Drain Required: _____ Linear feet

Date: 11-5-98

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

Signed: Thomas J. Bay R.S.
 Environmental Health Specialist



Maintain setbacks
 Start ditches at 18" go to 12"
 6" cover required over system
 House can set anywhere at front of lot

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 # 15432. 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 D. G. Langdon & Sons

Name: _____ Telephone # 639-4295

Address: 221 Pope Lake Rd Angier NC

Property Location: SR # 1532 Road Name Langdon Rd

New Installation Repair Septic Tank Nitrification Lines

Subdivision Barclays Lot # 9

Number of Bedrooms Proposed: 3 Lot size: .852ac

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional _____ Other Pump to Polystyrene Aggregate Trench System 1245-95-32

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 80

Width of ditches 2 ft. Depth of ditches 12-18 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.

Authorized Agent for Harnett County Health Department

Name: Thomas J. Boye R.S. Date: 11-5-98