

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) Jeff Bennett New Installation Septic Tank
 Property Location: SR# 1456 Hilliard Repairs Nitrification Line

Subdivision Hilliard Est Lot # 2

Tax ID # 1 Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.0 Acre

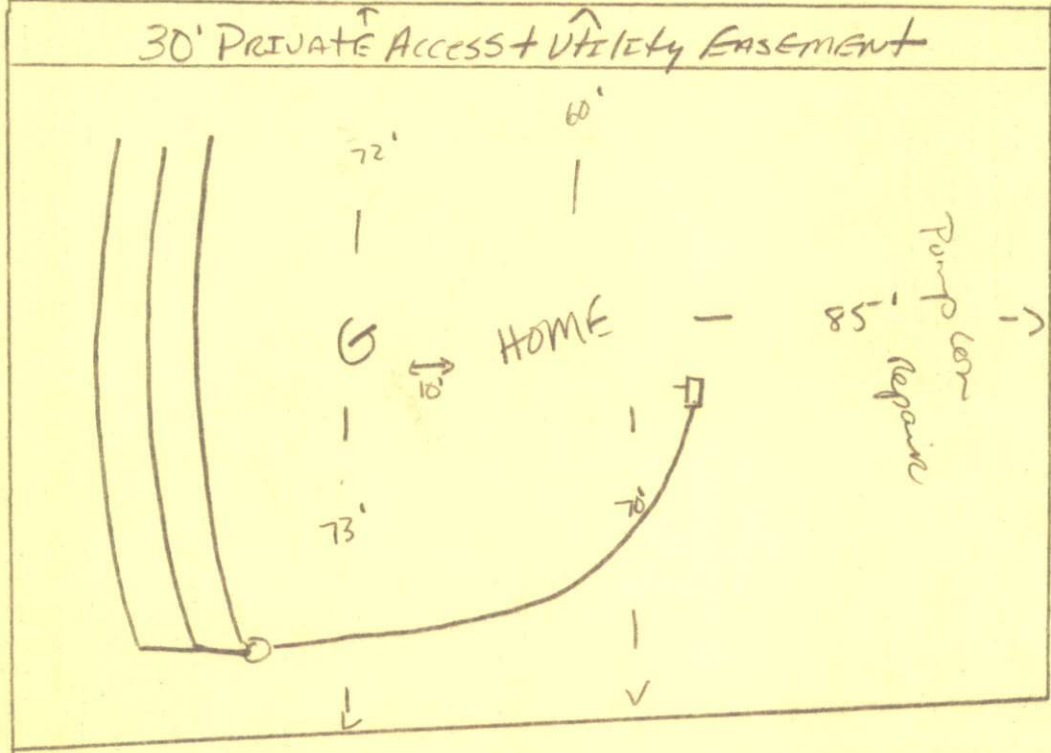
Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 50' ft.

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 No. of exact length width of depth of
 Drainage Field ditches 3 of each ditch 115 ft. ditches 3 ft. ditches 18-24 in.
 French Drain Required: — Linear feet

Date: 8-29-01
 Signed: James C. Markham
 Environmental Health Specialist
 Maintain all setbacks

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



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 # 18485. 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 _____

Name: Jeff Bennett Telephone # 919-422-6994

Address: 8108 Stellbreeze Dr Fuquay Varina N.C. 27526

Property Location: SR # 1456 Road Name Helleard

New Installation Repair Septic Tank Nitrification Lines

Subdivision Helleard Est Lot # 2

Number of Bedrooms Proposed: 3 Lot size: 1 acre

Basement With Plumbing Without Plumbing

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

Type of System: Conventional Other

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 2 Number of Lines per Field 3 Length of lines 115'

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.

Authorized Agent for Harnett County Health Department

Name: James E. Manhart Date: 8-29-01