

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) Jerry Royal + Lori S Royal New Installation Septic Tank
Property Location: SR# 1765 Old Wice Repairs Nitrification Line

Subdivision POST INN Estates Lot # 5

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .59

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

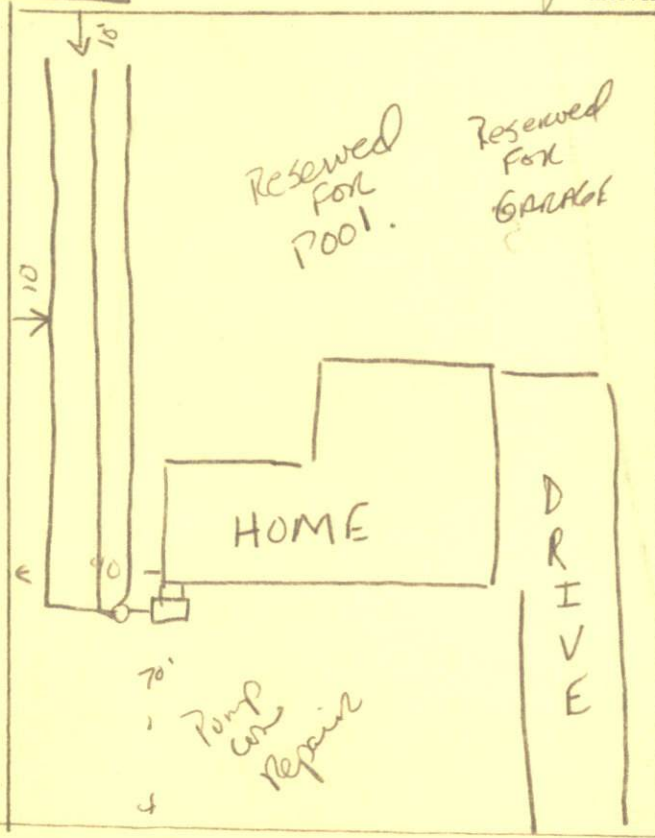
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 115 ft. ditches 3 ft. ditches 18-20 in.

French Drain Required: _____ Linear feet

Date: 10-1-01

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

Signed: James E. Marshant
Environmental Health Specialist



Bryan Godwin CT

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 # 18499. 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: Jenny + Lori Royal Telephone # 910-897-4602

Address: 103 Maister Ct Ewii N.C. 28339

Property Location: SR # 1769 Road Name Old Wren

New Installation Repair Septic Tank Nitrification Lines

Subdivision Post Inn Estates Lot # 5

Number of Bedrooms Proposed: 3 Lot size: .59

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 2 Number of Lines per Field 3 Length of lines 115

Width of ditches 3 ft. Depth of ditches 18-20 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. Marshall Date: 10-1-01