

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) Robert Jones Gen Contractor

New Installation

Septic Tank

Property Location: SR# 401N

Repairs

Nitrification Line

Subdivision DONNIBROOK PINES Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 250,000 sq ft

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 Conventional

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

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18-20 in.

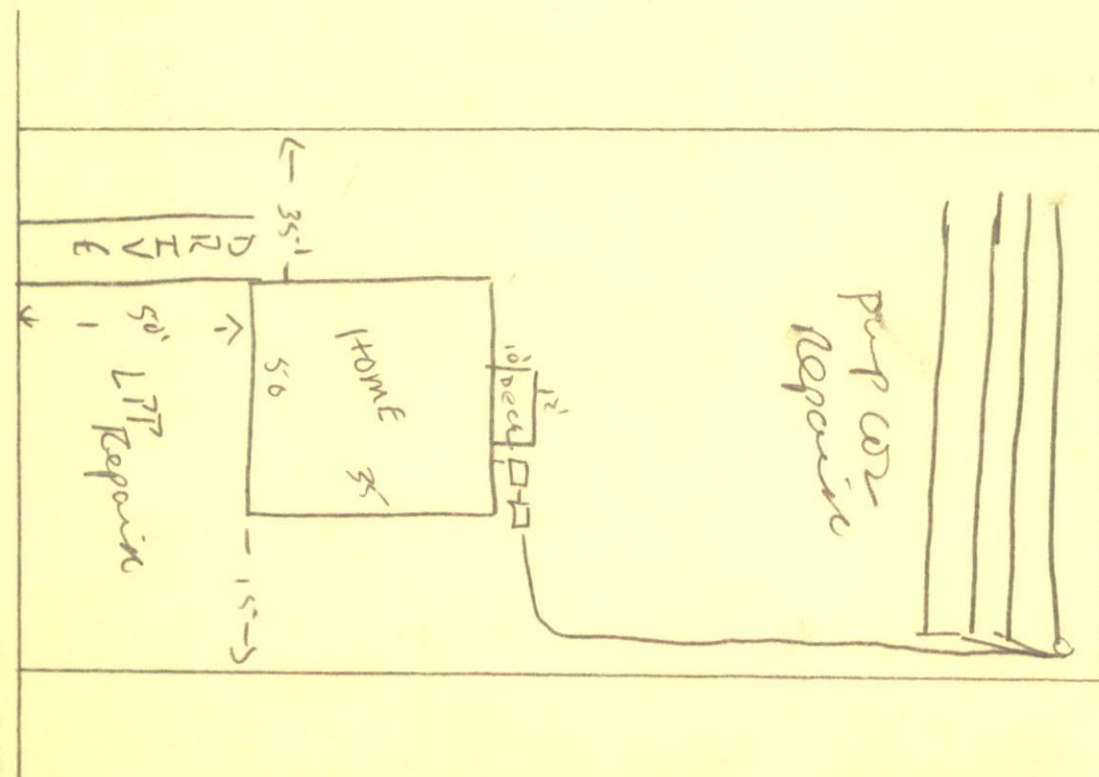
French Drain Required: - Linear feet

Date: 6-10-02

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

Signed: James E Marshall
Environmental Health Specialist

Donnibrook Pines



#02-5-4765

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 # 19200. 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.

Robert Jones Ge Contractor 910-884-0583
Name Telephone #

P.O. Box 183 Bunn Creek N.C. 27506
Address

401 401
Property Location SR# Road Name

DOXNEBROOK 5 3 25,000
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank [] Nitrification Lines
 Conventional Other _____ [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well [] Public - Minimum Well Setback: _____ Ft.
Septic Tank 1000 Pump Chamber 1000

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 4 Length of lines 88 Ft.

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.

James E. Markant 6-10-02
Signature of Authorized Agent for Harnett County Date