

IMPROVEMENT PERMIT

03-5-5190

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) James McKoy
Property Location: SR# 1180 Twin Ponds
New Installation [checked]
Septic Tank [checked]
Repairs [unchecked]
Nitrification Line [checked]

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (46x50) Lot Size: 500 A.C.

Basement with Plumbing: [unchecked] Garage: [checked]

Water Supply: [unchecked] Well [checked] Public [checked] Community [unchecked]

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: [checked] Conventional [unchecked] Other _____

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

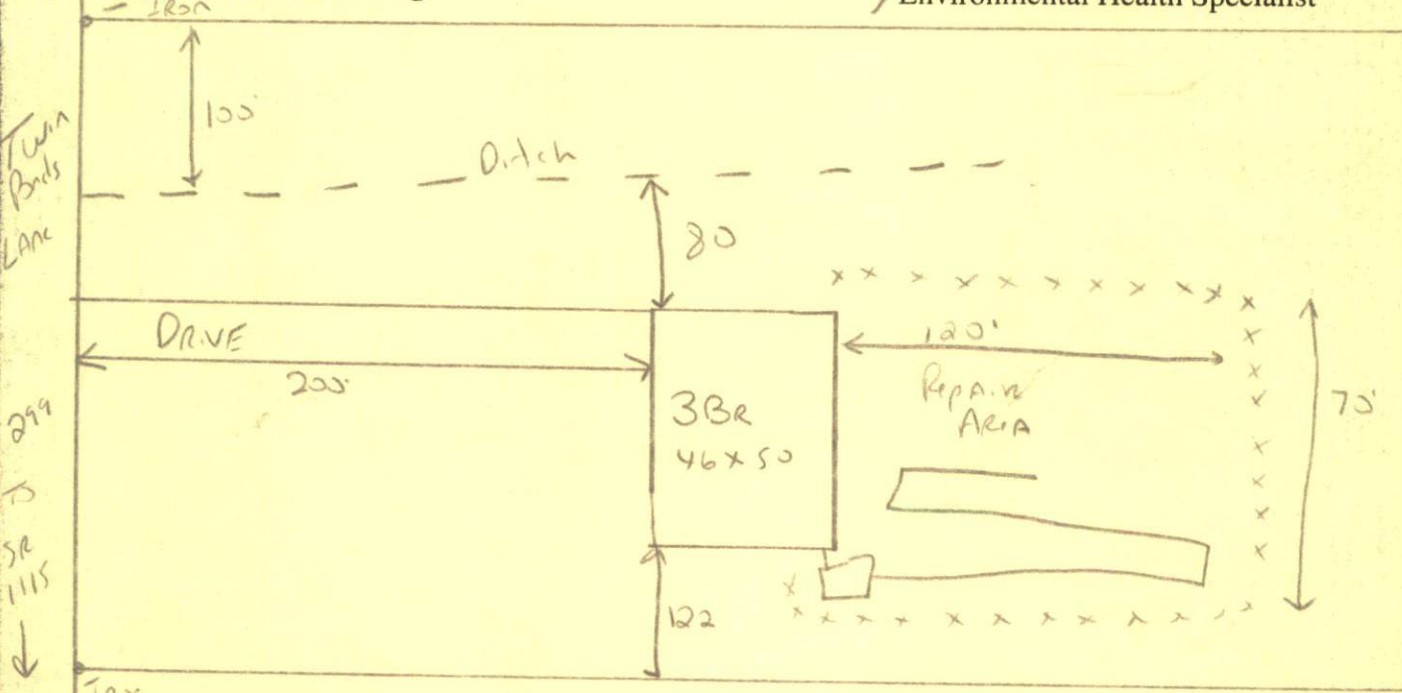
Subsurface Drainage Field No. of ditches 1 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 7-30-02

Signed: J. W. HARRIS Environmental Health Specialist

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



STUB out Plumbing shallow maintain all set Backs follow contours - keep system within the 120 x 75 AREA in REAR of house DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

HA TT 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 # 19552. 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.*

James McKay
Name Telephone #

Address

1180
Property Location SR# Road Name

- - 3(46x50) 5.00 ac
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: 50 Ft.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 200 Ft.

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.

James McKay 7-30-02
Signature of Authorized Agent for Harnett County Date