

IMPROVEMENT PERMIT

03-5-6297

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) JAMO Mobley New Installation Septic Tank

Property Location: SR# NC210 Repairs Nitrification Line

Subdivision Easy Lane Mobley Lot # 5

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 (28x40) Lot Size: 1.45 ac

Basement with Plumbing: Garage: Please note change in

Water Supply: Well Public Community The House Location

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

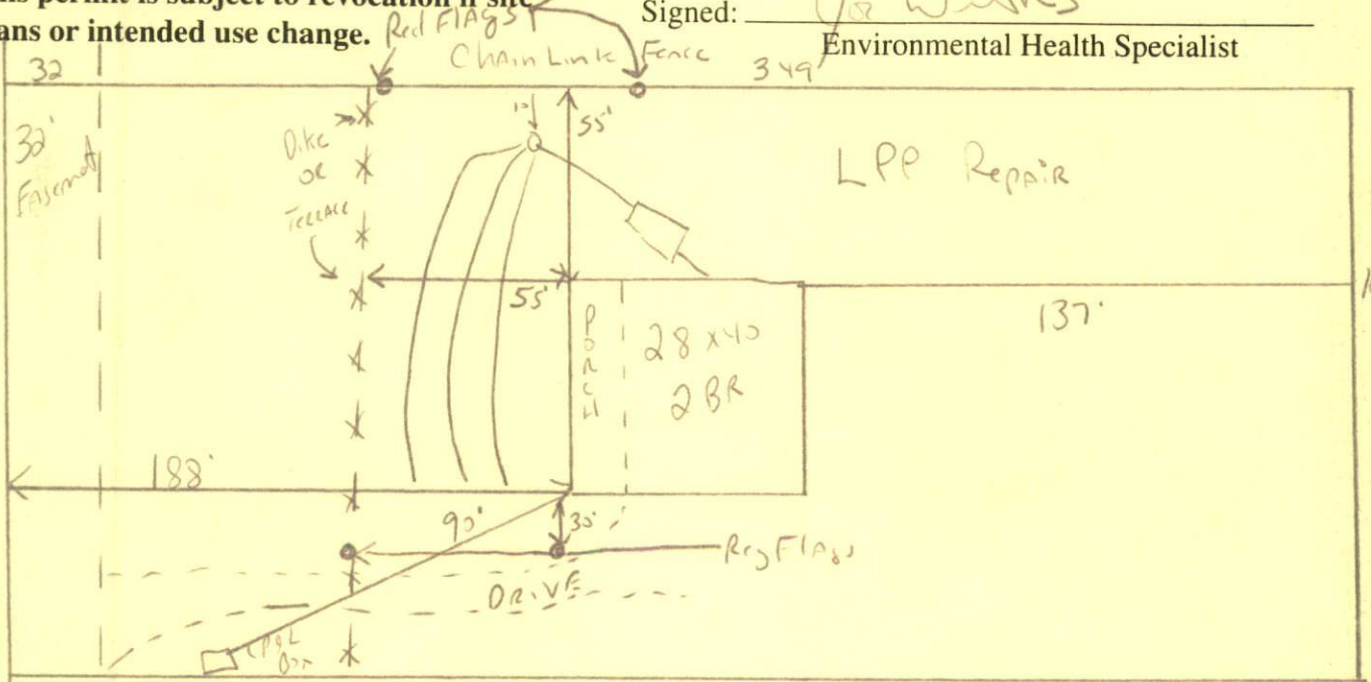
Subsurface Drainage Field No. of 3 exact length 80 width of 3 depth of 18 max ditches 3 of each ditch 80 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

Date: 01-22-03

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

Signed: Joe Waters
Environmental Health Specialist



To
 NC
 210
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 Please note change in house location
 Meet onsite for Final Layout - Final Lay out may change
 STUB out Plumbing shallow
 Do not Drive or park on septic system
 MAINTAIN All set BACKS

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 # 19221. 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.

Jamei Mobley 893-5975
Name Telephone #

Address

NC210 (East Lane)
Property Location SR# Road Name
Mobley 5 2(28x40) 1.45 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: _____ Ft.
Septic Tank 1000 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 80 Ft.

Width of ditches 3 ft. Depth of ditches 18^{MAX} 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.

[Signature] 1-22-03
Signature of Authorized Agent for Harnett County Date