

HTE 03-5-7457

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) JN WESCO, INC. New Installation Septic Tank
Property Location: SR# 1125 LEMUEL BLACK RO Repairs Nitrification Line

Subdivision CARLIE HILLS Lot # 29

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .996 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other 25% REDUCTION SYSTEM

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

Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18 in.

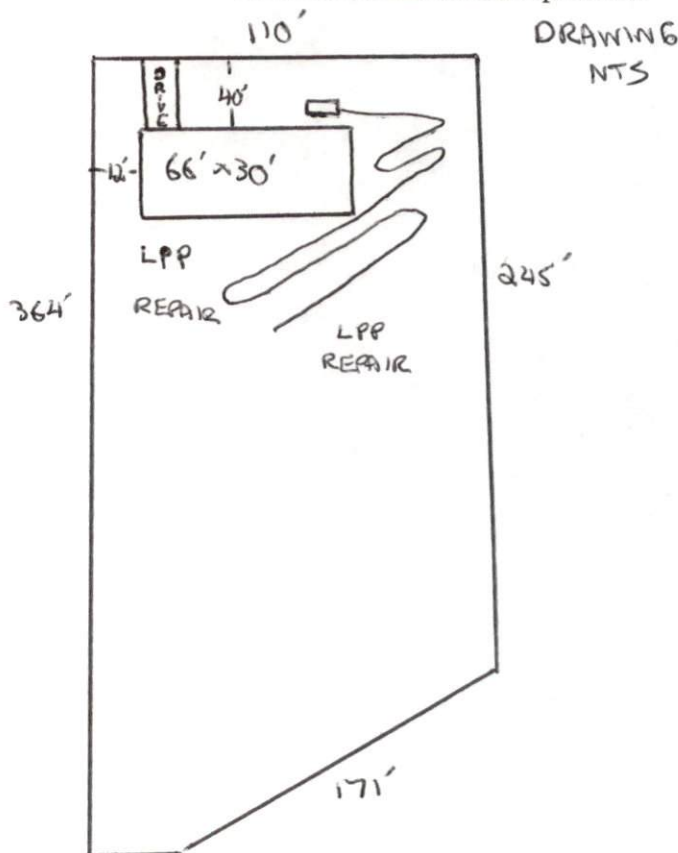
French Drain Required: _____ Linear feet

Date: 8/14/03

Signed: [Signature] RS (OLIVER TOLKSOEFF)
Environmental Health Specialist

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

- * MAINTAIN ALL SETBACKS
- * MEET ON SITE PRIOR TO INSTALLATION



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 # 20215. 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.*

Name JN WESCO INC Telephone# 578-0940

Address PO Box 87056 FAYETTEVILLE NC 28304

Property Location SR# 1125 LEMUEL BLACK RD Road Name

Subdivision CARLIE HILLS Lot # 29 # Bedrooms Proposed 3 Lot Size .996 AC

TYPE OF SYSTEM

- New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other 25% REDUCTION SYSTEM
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank _____ gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.

Width of ditches 3 ft. Depth of ditches 18 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 of Authorized Agent for Harnett County of Harnett RS

Date 8/14/03