

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) TLW Corporation

New Installation Septic Tank

Property Location: SR# 1435 Tripp Rd

Repairs Nitrification Line

Subdivision Plantation at Vineyard Green Lot # 78

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .480

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 ³⁰⁰ ₄₀₀ ⁶⁰⁰ ₂₀₀ Other _____

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

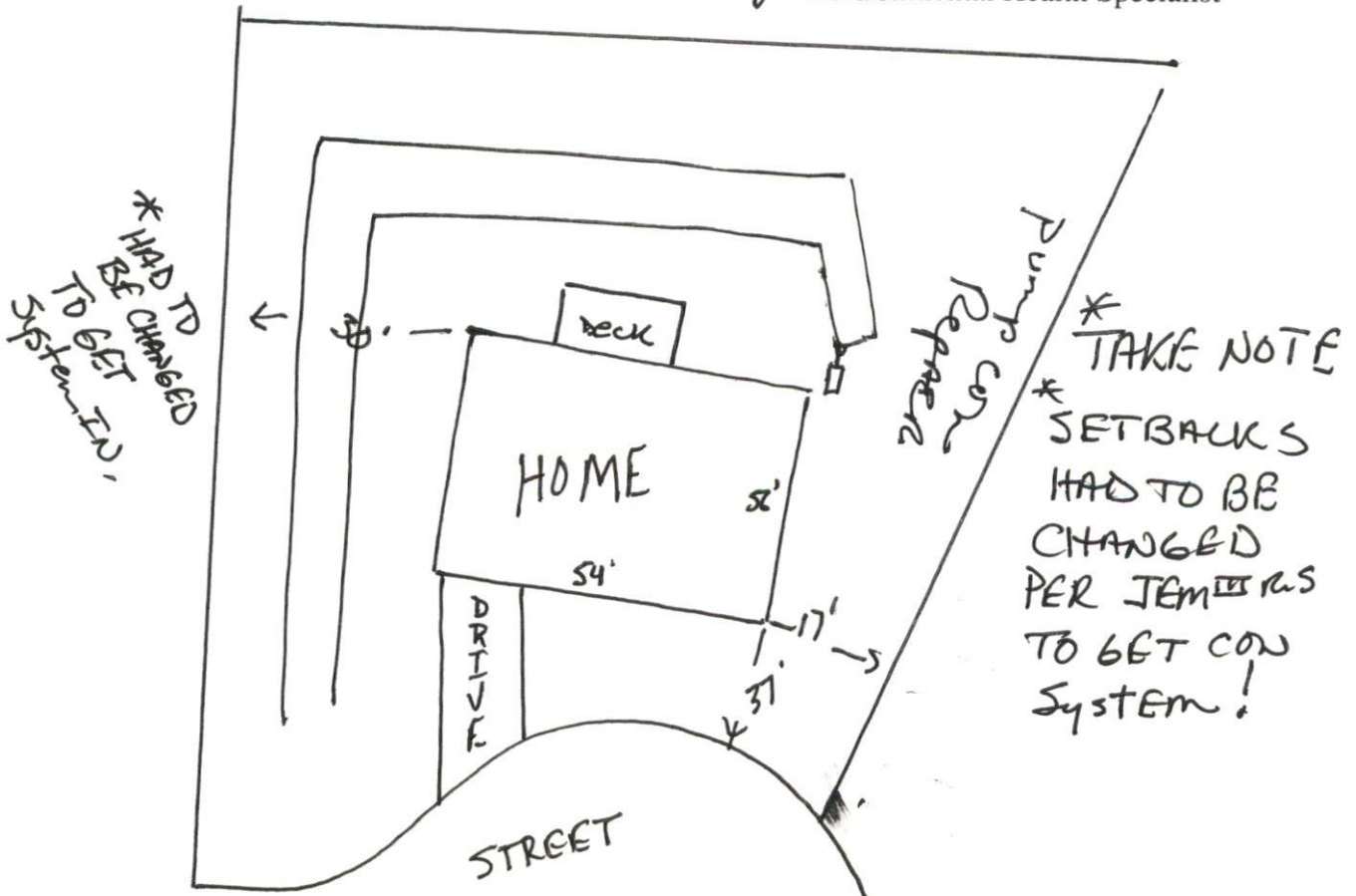
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 30 → 18 in.

French Drain Required: _____ Linear feet

Date: 10-6-03

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

Signed: James C. Mansland
Environmental Health Specialist



03-5-76182R

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 # 19345. 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 TLW Corporation Telephone# 910-893-8401

Address P.O. BOX 292 LELINGTON N.C. 27546

Property Location SR# 1435 Road Name TRAPP

Subdivision Plantation at VINEYARD Lot # 78 # Bedrooms Proposed 3 Lot Size .480

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 2 Length of lines 150 Ft.

Width of ditches 3 ft. Depth of ditches 30-18 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.

James E. Manhart
Signature of Authorized Agent for Harnett County of Harnett

10-6-03
Date