

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) James Brafford New Installation Septic Tank
Property Location: SR# 1141 Repairs Nitrification Line

Subdivision Heath Brook Lot # 11
Tax ID# Heath RP Quadrant # _____
Number of Bedrooms Proposed: 3 Lot Size: 267 x 100'

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: _____ ft.

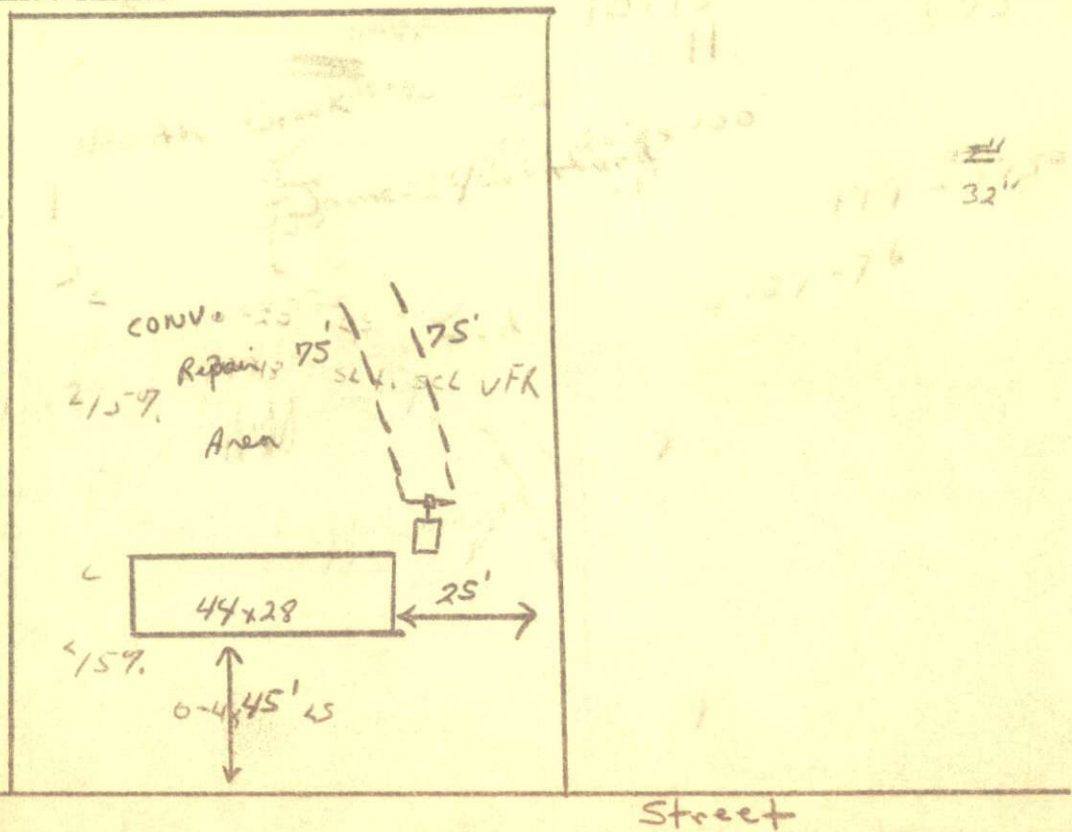
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____
Size of tank: Septic Tank: 900 gallons Pump Tank: _____ gallons
Subsurface Drainage Field 10-16-97 No. of ditches 2 exact length of each ditch 75 ft. width of 3 ft. depth of 24 in.
French Drain required: _____ Linear feet

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

Date: 4-27-96
Signed: Jeff Eady
Environmental Health Specialist

VOID AFTER 5 YEARS



AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 10993. 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, or intended use change.

Owner or Authorized Agent James Brafford

Phone: _____ Telephone # 499 - 4750

Address: Rt. 22 Box 742 Sanford

Property Location: SR# 1141 Road Name _____

How Installation New Repair Septic Tank Nitrification Lines

Subdivision Heather KP Heath Brook Lot # 11

Number of Bedrooms Proposed: 3 Lot Size: 267' x 100'

Installation With Plumbing Without Plumbing

Water Supply: Well Public

Minimum Well Setback: _____ ft.

Type of System: Conventional Other

Tank Volume: Septic Tank 900 gallons, Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines Per Field 2 Length of Lines 2 at 75'

Width of Ditches 3 ft. Depth of ditches 24 inches

Perch Drain: Linear feet required _____ Depth of gravel _____

This 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.

Authorized Agent of Harnett County Health Department

Name: Jeff Eudy Date: 4-27-96