

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) Dorcas Family Care / John W. Hines New Installation Septic Tank
 Property Location: SR# Red Hill Church Rd Repairs Nitrification Line
Attempt at Partial Repair

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 360 gal / day Lot Size: _____

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 Other Pump to Polystyrene Aggregate Trench System

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

Subsurface Drainage Field No. of ditches 1 exact length 180 ft. width of ditches 3 ft. depth of ditches 18-24 in.

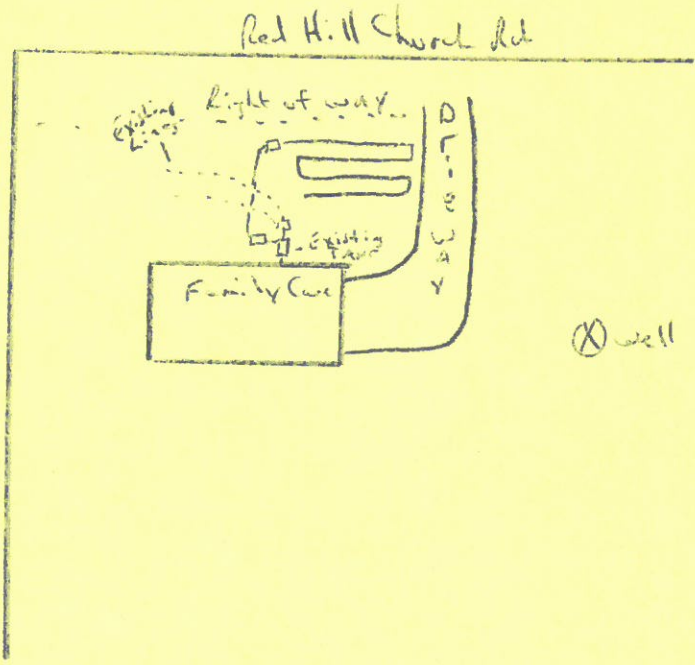
French Drain Required: _____ Linear feet

Date: 4/6/2001

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

Signed: Raymond M. Swain R.S.
 Environmental Health Specialist

- * Maintain all setbacks
- * Use step downes when needed
- * Contractor to meet on-site prior to installing system for final layout
- * Ball run valve to be used to connect new & old system



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 # 17955. 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.

Owner or Authorized Agent _____

Name: Dorcas Family Care / John W. Ikin Telephone # 897-3500

Address: Red Hill Church Rd

Property Location: SR # 1703 Road Name Red Hill Ch.

New Installation _____ Repair Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 360 gal/day Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50 ft.

Type of System: Conventional _____ Other Pump to Polystyrene Aggregate Trench System I w/ 4 1/2"

Tank Volume: Septic Tank Existing gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 180 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.

Authorized Agent for Harnett County Health Department

Name: Roger M. Lewis R.S. Date: 4/6/2001