

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) Kenneth Babb New Installation Septic Tank
 Property Location: SR# 2027 Hoosier Bend Repairs Nitrification Line

Subdivision 499 Lot # 1

Tax ID # 0575-24-5015 Quadrant # 12-0575-0018

Number of Bedrooms Proposed: Three Lot Size: _____

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 _____

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

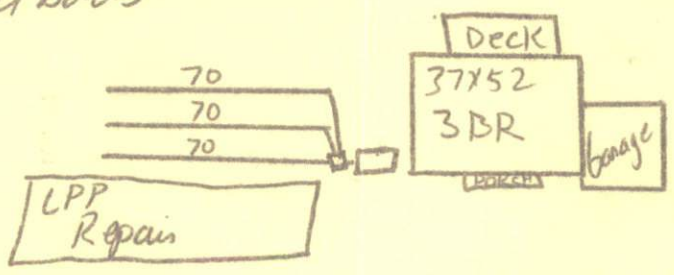
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 18-28 in.

French Drain Required: _____ Linear feet

Date: 09 April 1999
 Signed: Vernon R. Wolf
 Environmental Health Specialist

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

* Contractor to meet on-site prior to installation
 * maintain setbacks
 * Place well 100 feet from any part of the septic 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 # _____, 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: Kenneth Babb Telephone # 980-0260

Address: 10915 Ramsey St. Lenoir NC

Property Location: SR # 2027 Road Name Horseshoe Bend

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot #

Number of Bedrooms Proposed: Three Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well Public _____ Minimum Well Setback: 100 ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1800 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 70 feet

Width of ditches 3 ft. Depth of ditches 18-28 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: Vernon H. Dyer Date: 09 April 1999