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 & Debook Foir Coth & New Installation Septic Tank Property Location: SR# 2021 Titon Pobet • Repairs Nitrification Line
Subdivision Lot # 05
Tax ID# Quadrant #
Number of Bedrooms Proposed: FOUR Lot Size:
Basement with Plumbing: Garage:
Water Supply: Well
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 O
VOID AFTER 5 YEARS Well and driveway may have to moved if repair is reed al. maintain oetbooks. * (ins on contour. start kench
à SR 2021 à at 36",
115' 100' 100' 100' 100' 100' 100' 100'

HARNETT COUNTY HEALTH DEPARTMENT AUTIORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 10926, 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 Address: (/ Property Location: SR # 202/ Road Name Tital Repair _____ Septic Tank _____ Nitrification Lines New Installation Subdivision ____ Number of Bedrooms Proposed: FULR Lot size: Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public _____ Minimum Well Setback: Type of System: Conventional _____ Other PolySyrue Tayus-95-3R Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields ______ Number of Lines per Field ______ Length of lines ______ 100 feet

Width of ditches ______ ft. Depth of ditches ______ inches ______ fcore___ regum as 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 ciff Ud Date: 13 May (Revised 2/96)CNSTRCT.WPD