

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) Robert Sholly/Denise Baker New Installation Septic Tank
Property Location: SR# 1128 Darro Rd Repairs Nitrification Line
Country Cove Lane

Subdivision — Lot # 8

Tax ID # 0527-60-7876 Quadrant # 01-0536-0019

Number of Bedrooms Proposed: Three 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 _____

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

Subsurface Drainage Field No. of 3 exact length 100 width of 3 depth of 12"
ditches of each ditch ft. ditches ft. ditches in.

French Drain Required: _____ Linear feet

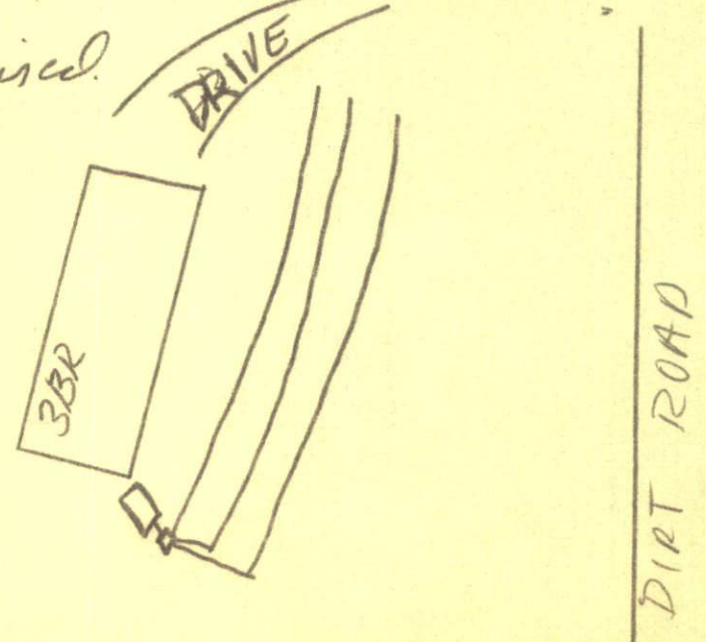
Date: 27 Oct 99

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

Signed: Vernest R. Wadge
Environmental Health Specialist

*Markers & filter required.
#6 cover required.*

**Contractor must meet on-site prior to installation.
*set tank very shallow to achieve fall on a pump
will be required.*



HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16566. 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: Robert Sholly / Denise Baker Telephone # 814-1522

Address: 847 Country Cove Lane Littlington, NC

Property Location: SR # 1128 Road Name Darrod

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # 8

Number of Bedrooms Proposed: Three Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 100 feet
Width of ditches 3 ft. Depth of ditches 12 inches 6" cover required

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 R. Wolf Date: 27 Oct 99