

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) Todd & Susan Dupree New Installation Septic Tank
 Property Location: SR# Barnes Rd. Repairs Nitrification Line
421 to Barnes Rd. (turn left) go to end onto dirt road
 Subdivision _____ Lot # _____
 Tax ID # _____ Quadrant # _____
 Number of Bedrooms Proposed: Four Lot Size: _____

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 100 ft. *minimum*

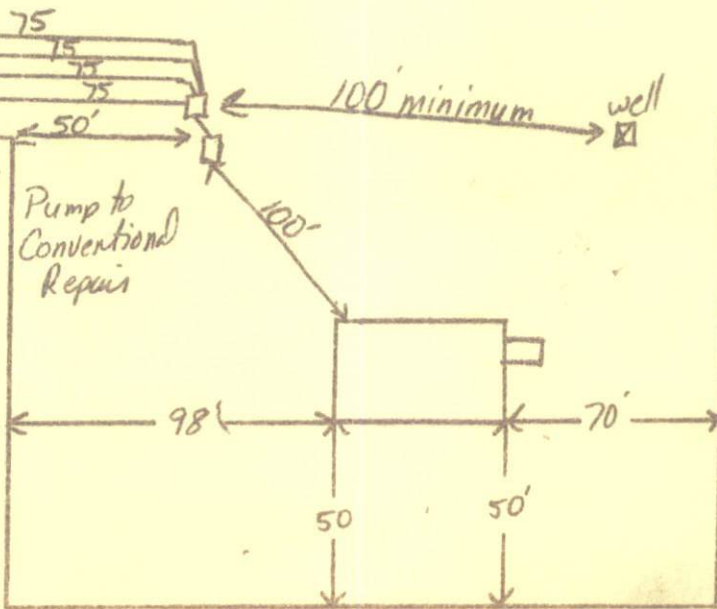
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other IWWS-95-3R Polystyrene Aggregate Trench System
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field No. of ditches 4 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18-20 in.
 French Drain Required: _____ Linear feet

Date: 05, October 1998
 Signed: Vernert R. Wolfe
 Environmental Health Specialist

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

- * Maintain all setbacks
- * Do not drive/park on system
- * Run lines on contour
- * If fall can not be achieved then a pump will be required.
- * Need 12 1/2" of fall from house to septic tank. Dig basement shallow enough to achieve fall!



dirt Easement

**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 # 15081. 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: Todd & Susan Dupree Telephone # 893-7500

Address: 238 Capitol Hill Rd. Lillington ext 2131

Property Location: SR # _____ Road Name Barnes Rd

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: Four Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other Polystyrene Aggregate Trench ^{IWWS-95-3R}

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 75 feet

Width of ditches 3 ft. Depth of ditches 18-20 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: Vernett R. Hoj Date: 05 Oct 98