

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) Ann Elliott New Installation Septic Tank
Property Location: SR# 103 County Line Repairs Nitrification Line

Subdivision Solomon Elliott Est. Lot # 5

Tax ID # _____ Quadrant # _____
Number of Bedrooms Proposed: 3 Lot Size: 5.0 ac

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 min ft.

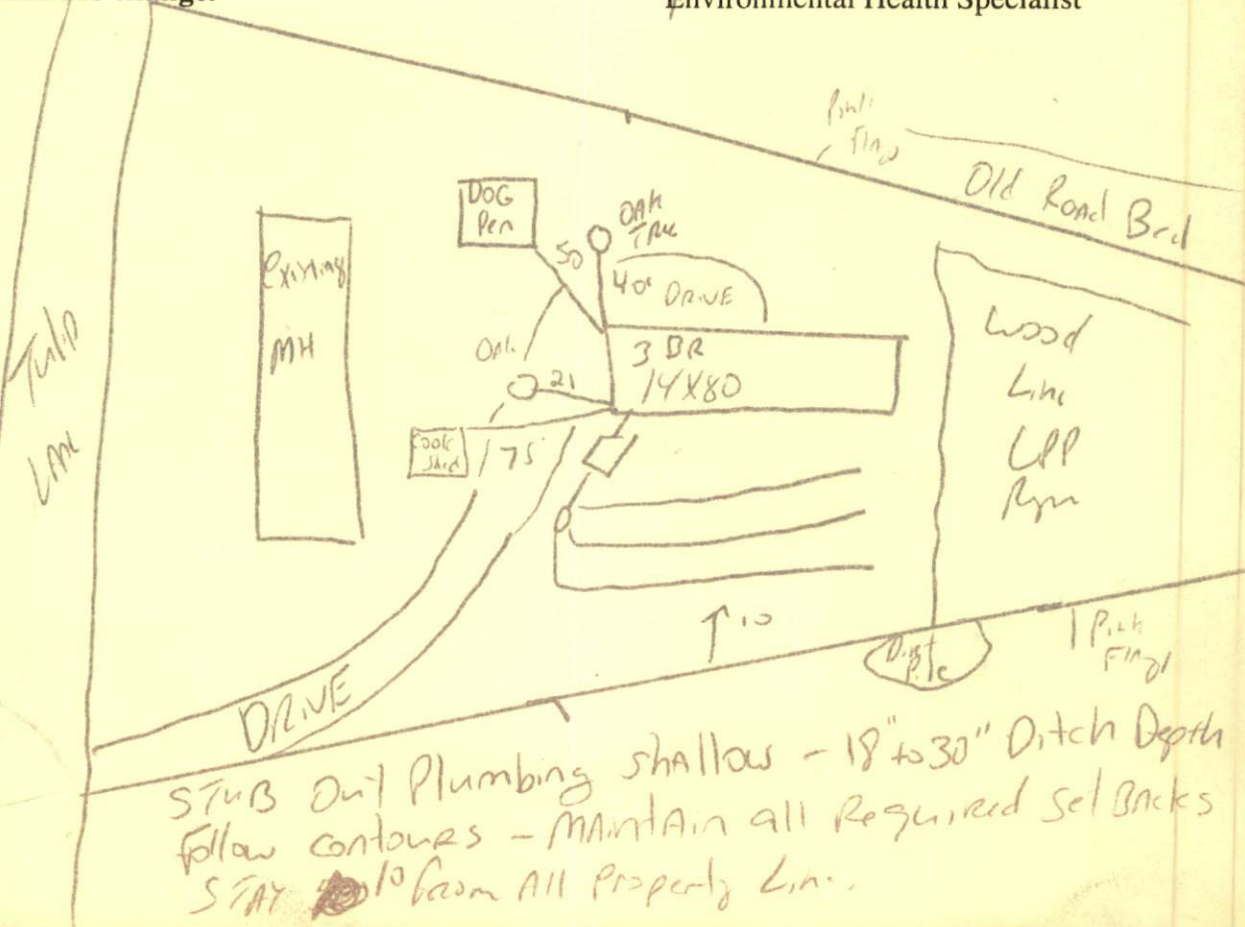
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

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 18-30 in.
French Drain Required: _____ Linear feet

Date: 10-23-78
Signed: [Signature]
Environmental Health Specialist

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

DO NOT DRIVE OR PARK ON SEPTIC SYSTEM STAY 50' FROM ANY WELL



STUB Out Plumbing shallow - 18" to 30" Ditch Depth follow contours - MAINTAIN all Required set backs STAY 10' from All Property Lines.

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 # 14429. 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 Ann Elliott

Name: _____ Telephone # 910-245-8660

Address: _____

Property Location: SR # 1103 (Tulip Lane) Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Solomon Elliott Est. Lot # 5

Number of Bedrooms Proposed: 3 Lot size: 5.0 AC

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional 1000 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 70

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: [Signature] Date: 10-23-98

(Revised 2/96)CNSTRCT.WPD