

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) George Jefferson
Property Location: SR# 2039 Walker Rd.

New Installation Septic Tank
 Repairs Nitrification Line

Subdivision _____ Lot # _____
Tax ID # 555-26-5774 Quadrant # 12-0556-0100-05

Number of Bedrooms Proposed: _____ Lot Size: 2.8 acres

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft. minimum

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

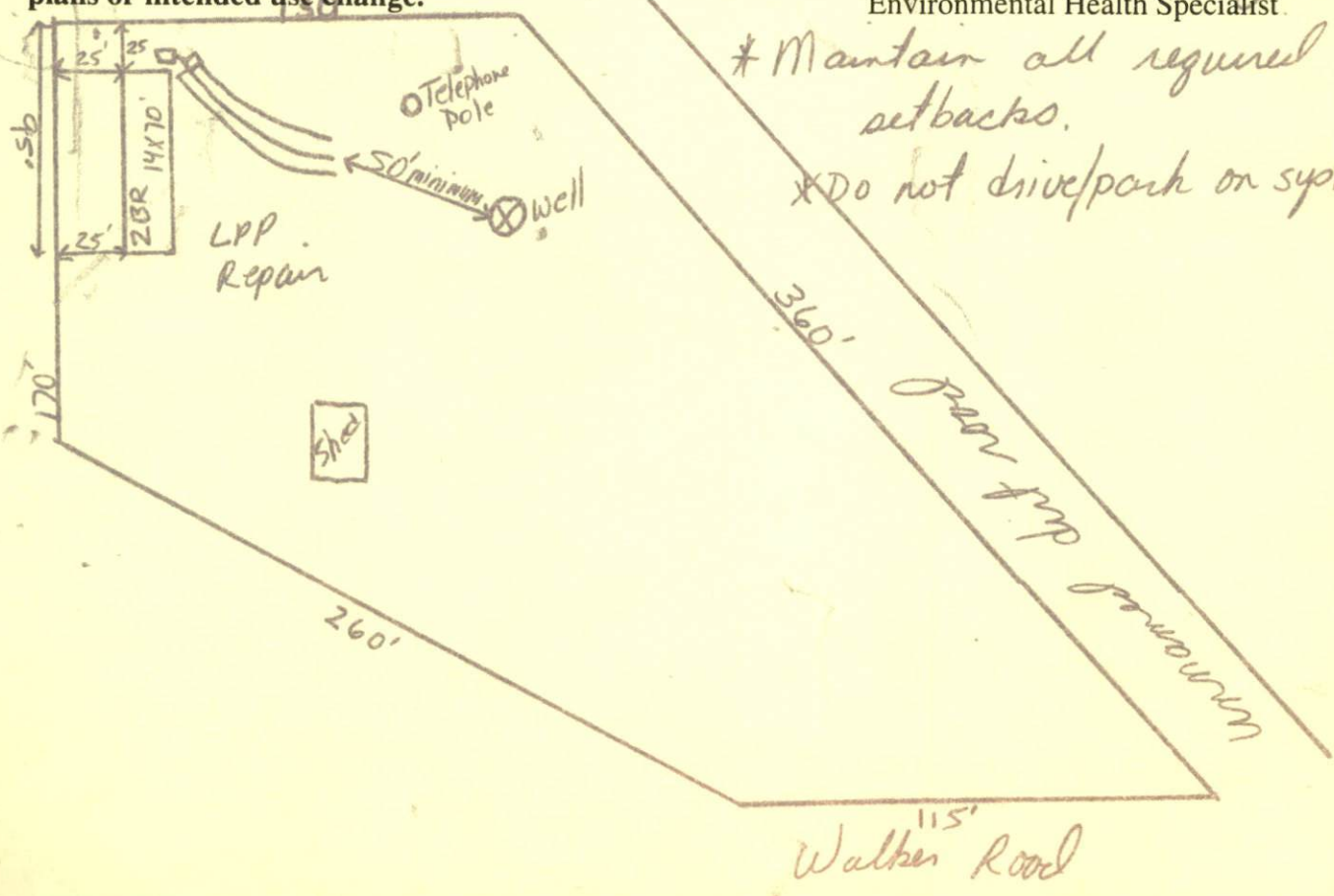
Subsurface No. of exact length width of depth of
Drainage Field ditches 3 of each ditch 55 ft. ditches 3 ft. ditches 22'-24" in.

French Drain Required: _____ Linear feet

Date: 04 September 98
Signed: Vernon R. Wodge
Environmental Health Specialist.

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

* Maintain all required setbacks.
* Do not drive/park on system.



HAR T COUNTY HEALTH DEPART NT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15502. 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: George Jefferson Telephone # 893-9014

Address: 3399 Walker Rd. Linder, NC 28356

Property Location: SR # 2039 Road Name Walker Rd.

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: Two Lot size: 2.0 acres

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 55 feet

Width of ditches 3 ft. Depth of ditches 22-24" 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: Vernest R. Hough Date: 04 Sept 98