

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) Betty Brinkley mc millian New Installation Septic Tank

Property Location: SR# _____ Repairs Nitrification Line

off Hwy 87 before SR 1117

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .61 Ac.

Basement with Plumbing: Garage:

Water Supply: Well Public Community

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 _____

Size of tank: Septic Tank: 900 gallons Pump Tank: _____ gallons

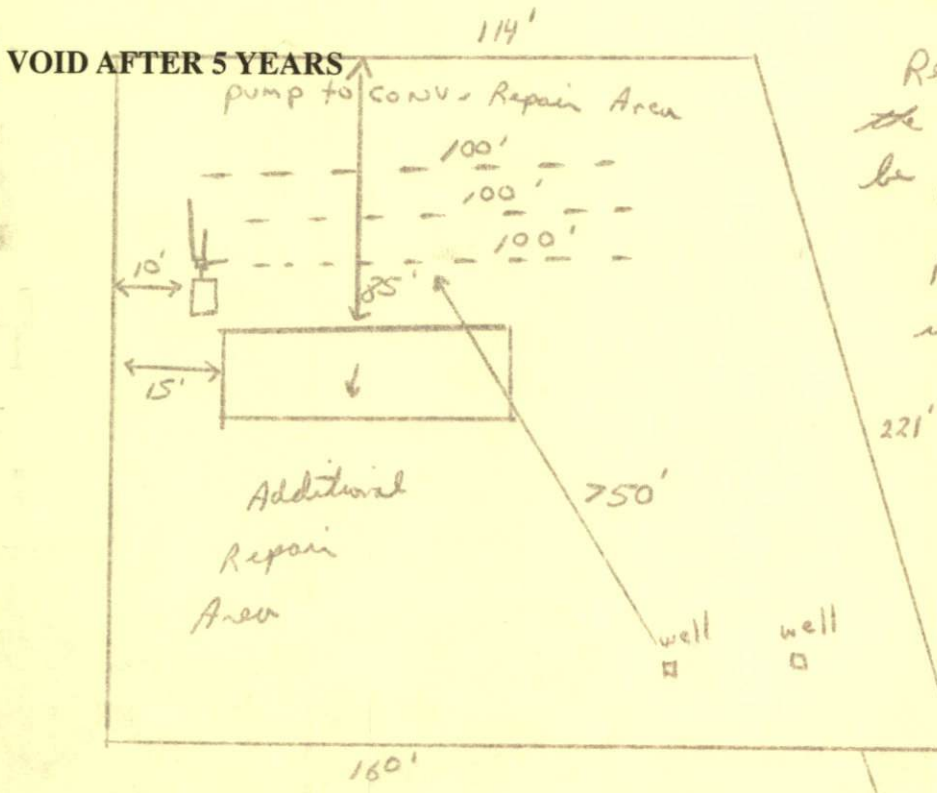
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 36 in.

French Drain Required: _____ Linear feet

Date: 12-15-96

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

Signed: Jeff Eudy
Environmental Health Specialist



Recommend that the two old wells be properly abandoned. Keep 50' from the wells

Proposed Access 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 # 11367. 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 Betty Brinkley mcMillian

Name: _____ Telephone # 497-7657

Address: Rt. 5 Bx 104 Cameron N.C.

Property Location: SR # off Hwy 87 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 Lot size: .61 Ac.

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank 900 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 3 x 100'

Width of ditches 3 ft. Depth of ditches 36 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: Jeff Eudy Date: 12-15-96

(Revised 2/96)CNSTRCT.WPD