

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) Angelina Walker New Installation Septic Tank
 Property Location: SR# Lizzie Jeter Lane Repairs Nitrification Line
off of NC 24/27
 Subdivision Lost Valley Lot # 1 Site B
 Tax ID # _____ Quadrant # _____
 Number of Bedrooms Proposed: 2 Lot Size: 10.01 ac

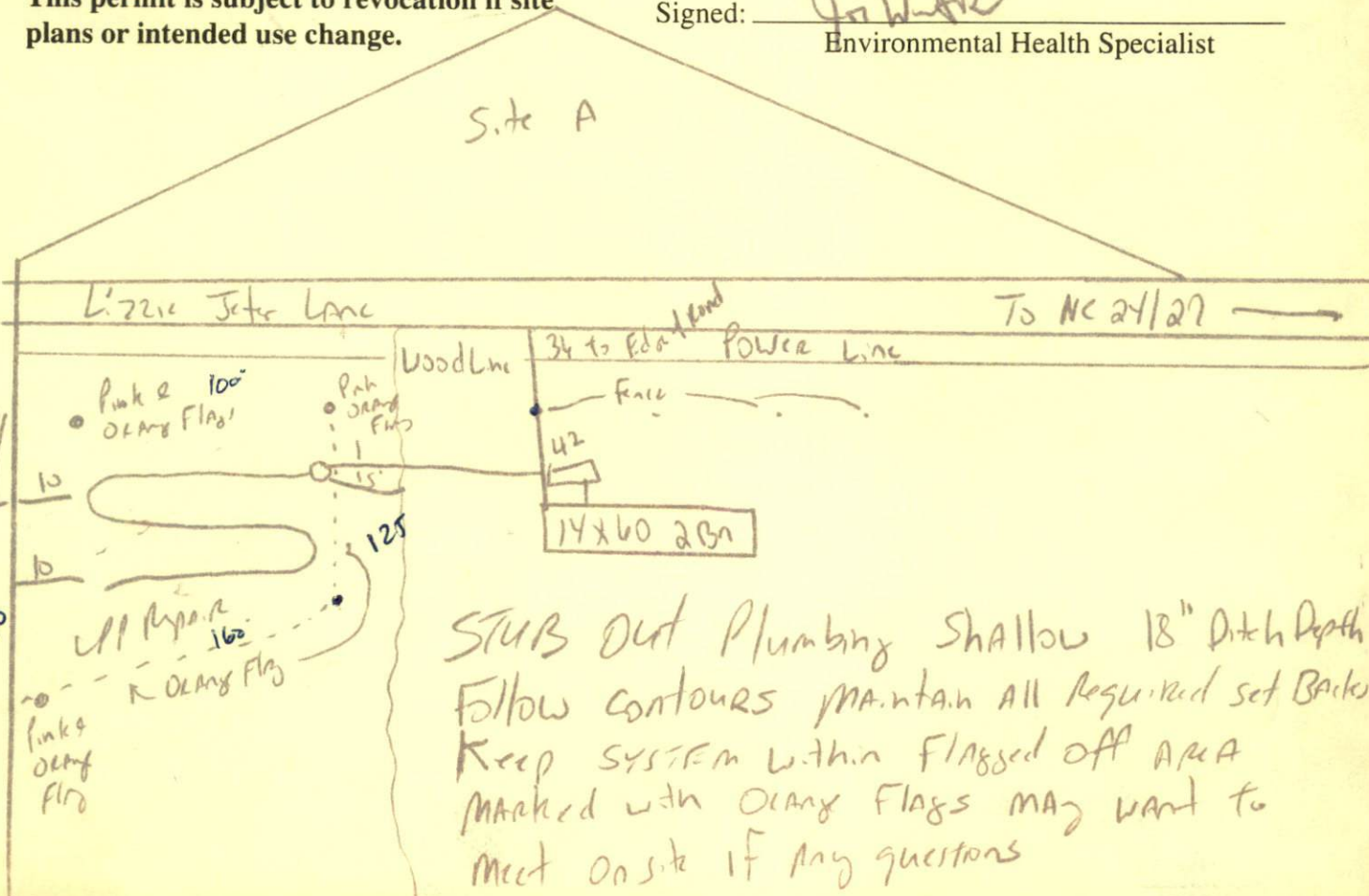
Basement with Plumbing: Garage: **NOTE change**
 Water Supply: Well Public Community **In house location**
 Distance From Well: 50 m ft.

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 No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 150 ft. ditches 3 ft. ditches 18 in.
 French Drain Required: _____ Linear feet

Date: 11-17-98
 Signed: [Signature]
 Environmental Health Specialist

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



STUB OUT Plumbing Shallow 18" Ditch Depth
 Follow contours maintain all required set backs
 Keep system within flagged off area
 Marked with Orange Flags may want to
 meet on site if any questions

HARTETT 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 # 15304. 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 Angelina Walker

Name: _____ Telephone # 910-872-0070

Address: P.O. Box 574 Cameron NC 28322

Property Location: SR # L222 Jctr Lane Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Lott Valley Lot # 1

Number of Bedrooms Proposed: 2 Lot size: 10.01 AC

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 1 Length of lines 150

Width of ditches 3 ft. Depth of ditches 18 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: Joe L. [Signature] Date: 11-17-98