

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) Lesa Jones New Installation Septic Tank
Property Location: SR# 2039 Walker Repairs Nitrification Line

Subdivision _____ Lot # 2
Tax ID # 0545-76-6895 Quadrant # 12-0546-0008-03

Number of Bedrooms Proposed: THREE Lot Size: 4.96 acres

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 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

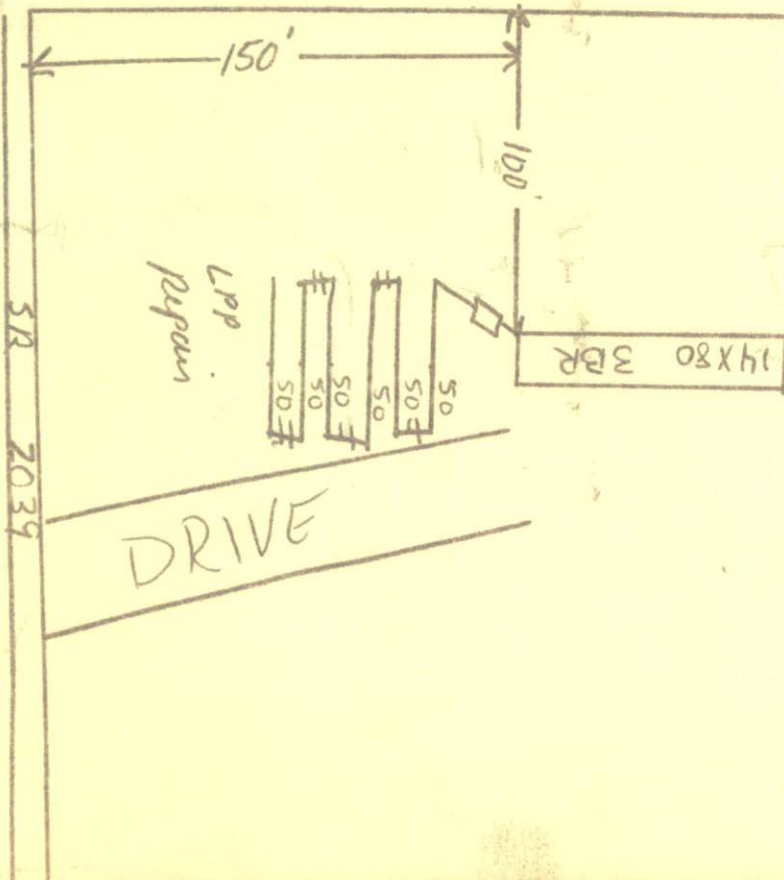
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 300 ft. ditches 3 ft. ditches 16" in.

French Drain Required: _____ Linear feet 2" cover required.

Date: 22 Feb 99

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

Signed: Vernert R. Dodge
Environmental Health Specialist



HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16/61. 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: Lesa Jones Telephone # 893-4320

Address: Lot 105 River Drive Spring Lake, NC

Property Location: SR # 2039 Road Name Walker Rd.

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # 02

Number of Bedrooms Proposed: THREE Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 100 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 300 feet

Width of ditches 3 ft. Depth of ditches 16" inches 2" cover required

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. Dodge Date: 22 Feb 99