

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) Susan B. Occena New Installation Septic Tank
Property Location: SR# 1552 Repairs Nitrification Line
Abbatior Rd.

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 3.06 acres

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 2100 ft.

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

Type of system: Conventional 1000 Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: 21000 gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18 in. at deepest point.
French Drain Required: N/A Linear feet

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

Date: 12/2/98
Signed: Melissa A. Lindsay, R.S.
Environmental Health Specialist

See attached plot plan dated 12/2/98 for system location and additional specifications (page 3 of 3)

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 # 15146. 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: Susan + BJ Occena Telephone # 910-897-2493

Address: P.O. Box 1038 Coats, NC 27521

Property Location: SR # 1552 Road Name Abbattoir Rd.

New Installation Repair _____ Septic Tank _____ Nitrification Lines _____

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: ≤ 4 Lot size: 3.06 acres

Basement N/A With Plumbing _____ Without Plumbing _____

Water Supply: Well Public _____ Minimum Well Setback: ≥ 100 ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank ≥ 900 gallons Pump Chamber ≥ 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 4 Length of lines 80 ft.

Width of ditches 3 ft. Depth of ditches ≤ 18 inches at deepest point

French Drain: Linear feet required N/A Depth of gravel N/A

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: Melissa A. Lindsay, R.S. Date: 12/2/98