

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) McKinley & Dione Page New Installation Septic Tank
Property Location: SR# 2039 Wulford Rd. Repairs Nitrification Line

Subdivision _____ Lot # _____
Tax ID # 0545-65-1334 Quadrant # 12-0545-0057
Number of Bedrooms Proposed: TWO Lot Size: 2.98 acres

Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: ~~100~~ 50 ft.

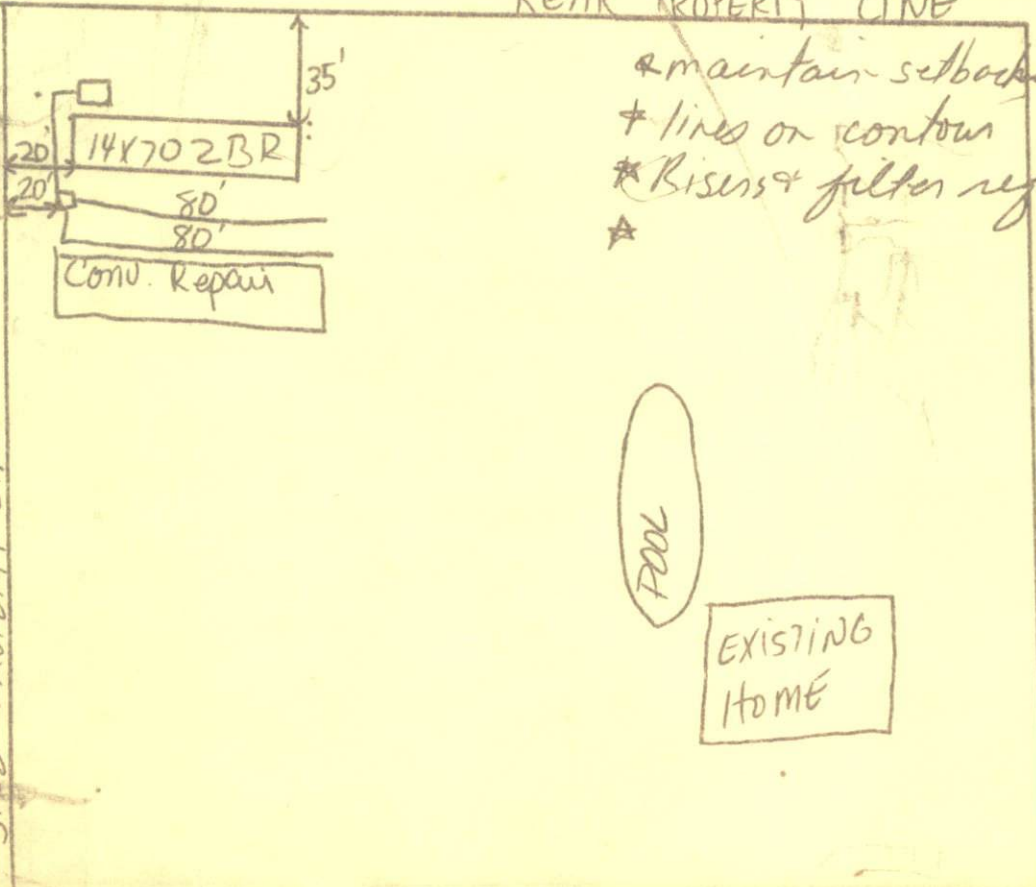
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
Subsurface No. of 2 exact length 80 width of 3 depth of 18-24
Drainage Field ditches _____ of each ditch _____ ft. ditches 3 ft. ditches _____ in.
French Drain Required: _____ Linear feet

Date: 15 April 1999
Signed: Vernon R. Dodge
Environmental Health Specialist

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

REAR PROPERTY LINE



**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 # 15840. 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 M

Name: McKinley and Diane Page Telephone # 893-4405

Address: 2095 Walker Rd. Linden, NC

Property Location: SR # 2039 Road Name Walker

New Installation Repair Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: Two Lot size: _____

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 2 Length of lines 80 feet

Width of ditches 3 ft. Depth of ditches 18-24 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: Vernon H. Wolf Date: 15 April 1999