

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) Doris Spencer
Property Location: SR# 1229
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision W.G. + Ida Butler Est. Lot # 3

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: 2 ac

Basement with Plumbing: Garage:
Water Supply: Well, Public, Community
Distance From Well: 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 Drainage Field No. of ditches 2 exact length of each ditch 95 ft. width of ditches 3 ft. depth of ditches 20 in.

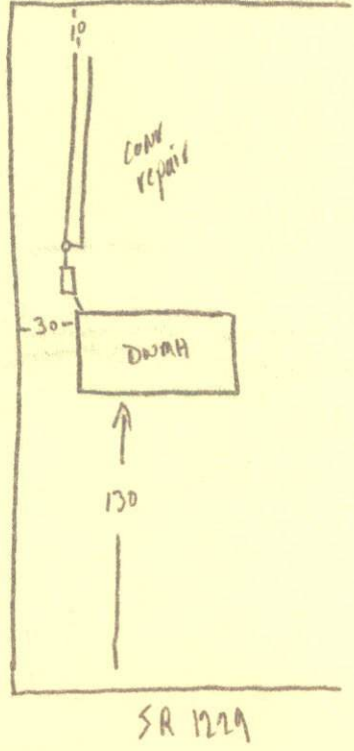
French Drain Required: Linear feet

Date: 4-3-98

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

Signed: James J. Boyer R.S. Environmental Health Specialist

Maintain Setbacks



SR 1229

**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 # 14151. 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 Doris Spencer

Name: _____ Telephone # 499-4959

Address: P.O. Box 2345 Sanford NC 27330

Property Location: SR # 1229 Road Name McDougal Rd

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision W.G. + Ida Butler Est Lot # 3

Number of Bedrooms Proposed: 3 Lot size: 2ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 50ft 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 85

Width of ditches 3 ft. Depth of ditches 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: Thomas J. Boye R.S. Date: 4-3-98