

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) Daniel K. and Marcia Stephenson New Installation Septic Tank
 Property Location: SR# 1451 Repairs Nitrification Line
Fred Buns Rd.

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 4.1 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ 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: 900 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 115 ft. width of ditches 3 ft. depth of ditches 36 in.

French Drain required: _____ Linear feet

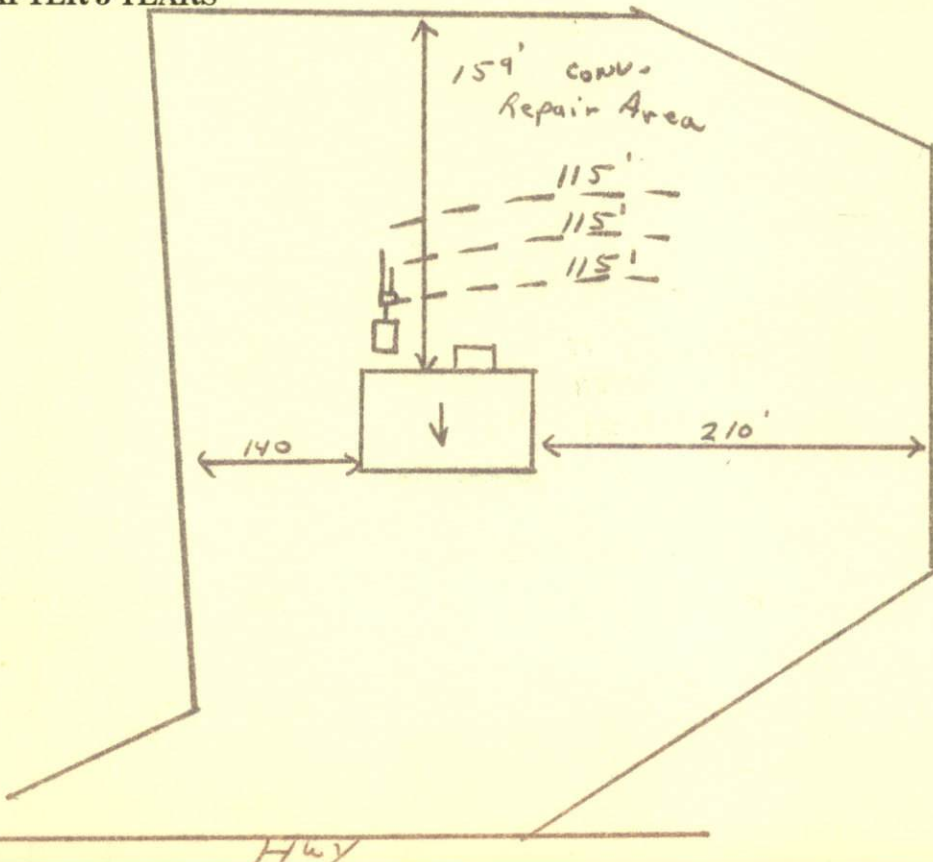
This permit is subject to revocation if site plans or intended use change.

Date: 10-15-95

Signed: Jeff Eudy

Environmental Health Specialist

VOID AFTER 5 YEARS



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STEPHENSON

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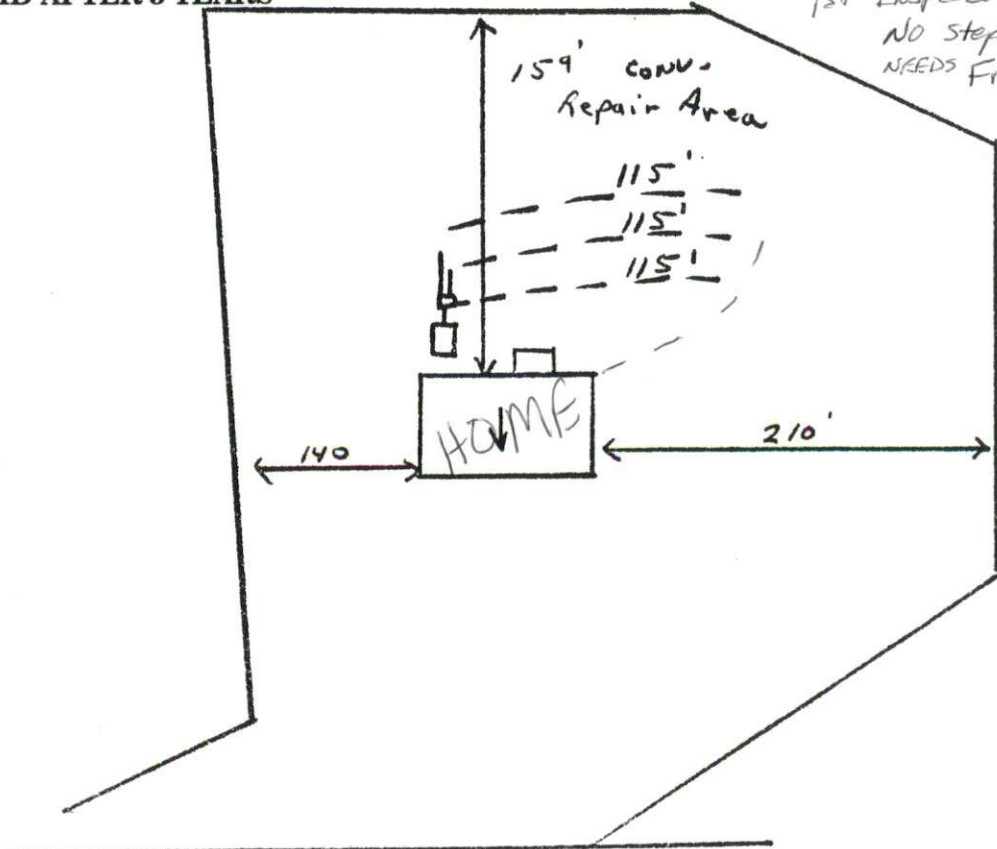
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Environmental Health Specialist

*1st Inspection
NO steps down
NEEDS French
DRAIN*

VOID AFTER 5 YEARS



HARNETT 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 # 9417. 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 Daniel and Marcia Stephenson

Name: Telephone # 8904330

Address: Rt. 1 Box 252-A2 Holly Springs N.C.

Property Location: SR# 1451 Road Name Fred Burws Rd.

New Installation [checked] Repair [] Septic Tank [checked] Nitrification Lines [checked]

Subdivision Lot #

Number of Bedrooms Proposed: 3 Lot Size: 3.3 Ac.

Basement [] With Plumbing [] Without Plumbing []

Water Supply: Well [] Public [checked]

Minimum Well Setback: ft.

Type of System: Conventional [checked] Other []

Tank Volume: Septic Tank 900 gallons, Pump Chamber [] gallons

Nitrification Field Specifications

Number of fields 3 Number of Lines Per Field 3 Length of Lines 3 at 115'

Width of Ditches 3 ft. Depth of ditches 36 inches

French Drain: Linear feet required 345 Depth of gravel 12"

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 of Harnett County Health Department

Name: JJJ Eudy Date: 10-15-95