

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) Lori Sweinhart / Patricia Smith New Installation Septic Tank
 Property Location: SR# 1106 Repairs Nitrification Line
At the end of 1106 near Mosec Co Line Turn Right on small dirt path (Mackey Rd)
 Subdivision Patricia Newton Smith Lot # 1-B

Tax ID # _____ Quadrant # _____
 Number of Bedrooms Proposed: 3 Lot Size: 43,555 sq Ft

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

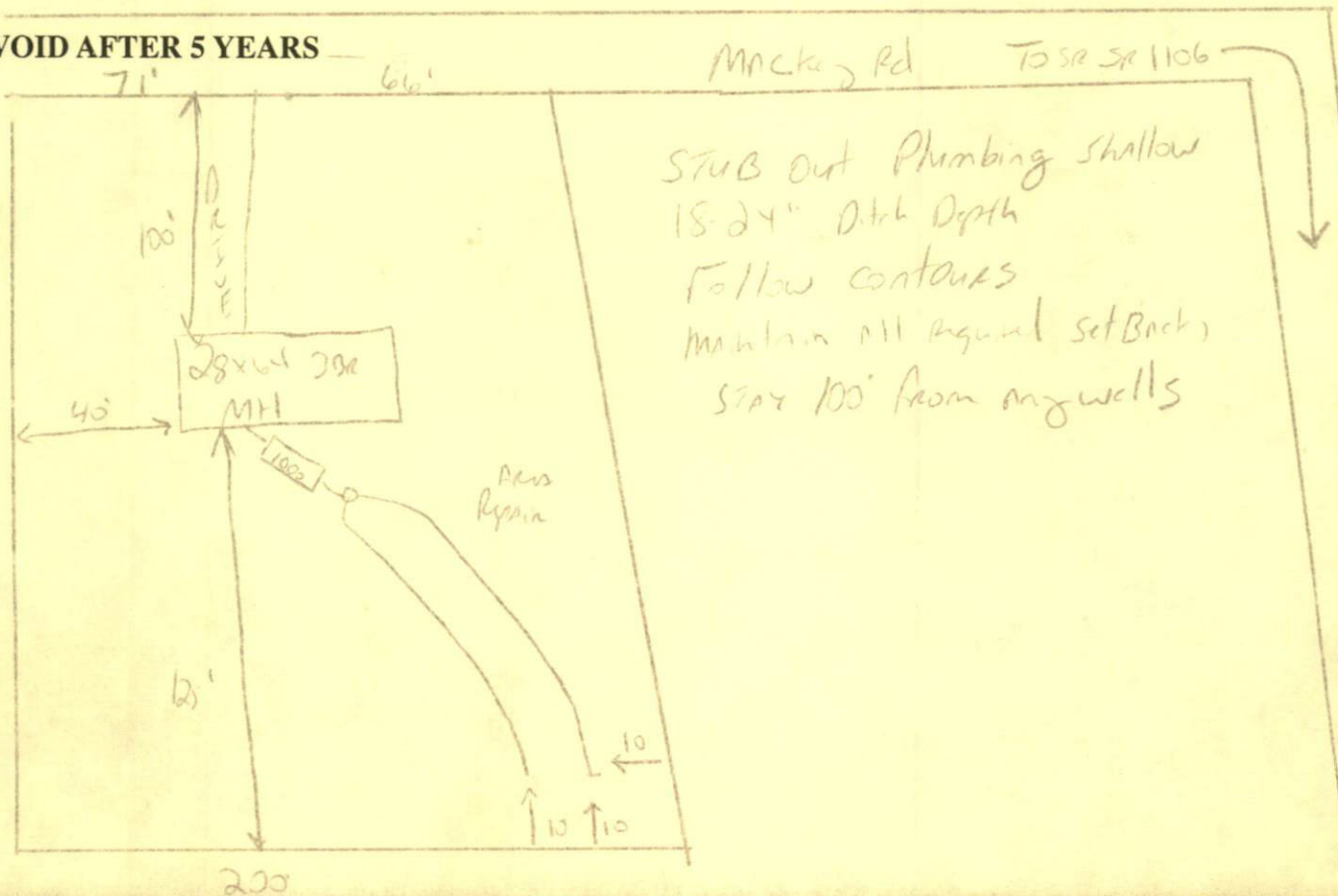
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface No. of 2 exact length 100 width of 3 depth of 18.24
 Drainage Field ditches of each ditch ft. ditches ft. ditches in.
 French Drain Required: _____ Linear feet

Date: 2 24 97
 Signed: [Signature]
 Environmental Health Specialist

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

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 # 11857. 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 Loei Swien Hart / Patricia Smith

Name: _____ Telephone # 910-245-7248

Address: _____

Property Location: SR # 1106 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Patricia Smith Lot # 1-B

Number of Bedrooms Proposed: 3 Lot size: 43,555 sq ft

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 2 Length of lines 100

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: [Signature] Date: 2-24-97