

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) Sandra Stephens New Installation Septic Tank
 Property Location: SR# 1417 Repairs Nitrification Line

Subdivision Ellis Ray Stephens Lot # A

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 Lot Size: 32ac

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100+ ft.

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

Type of system: Conventional Other Polystyrene Aggregate Trench System 100WS-95-30

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 120 ft. width of ditches 3 ft. depth of ditches 18-24 in.

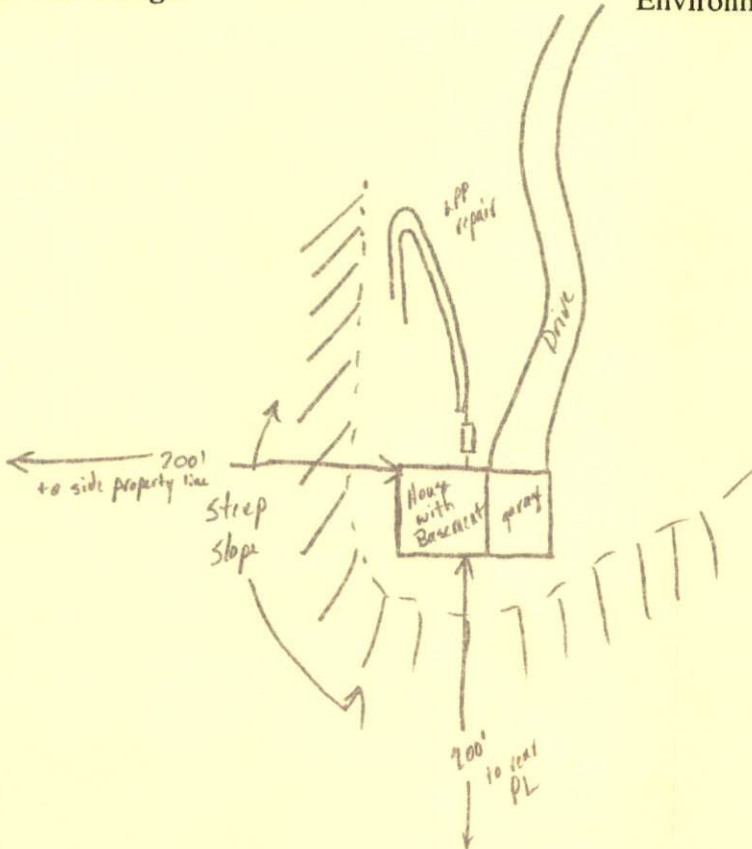
French Drain Required: _____ Linear feet

Date: 4-6-99

Signed: Thomas J. Boyce R.S.
 Environmental Health Specialist

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

Maintain setbacks
 Install on contour
 Tank is to be 15' from
 basement



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 # 14646. 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 Jonda Stephens

Name: _____ Telephone # 552-5820

Address: 403 Mill Creek Dr. Fayetteville NC 27526

Property Location: SR # 1412 Road Name Christian Light Rd

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Ellis Ray Stephens Lot # A

Number of Bedrooms Proposed: 2 Lot size: 32ac

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other Polystyrene Aggregate Trench System 100WS-95-312

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 120

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. Boyce L.S. Date: 8-6-99