

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) Lena Stewart New Installation Septic Tank
Property Location: SR# 2045 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 14 seat restaurant Lot Size: _____

Basement with Plumbing: Garage: 1000 gal + bathrooms in store for employees

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: 2000 gallons 1000 Grease trap - Existing tank Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 135 ft. width of ditches 3 ft. depth of ditches 18-36 in.

French Drain Required: _____ Linear feet

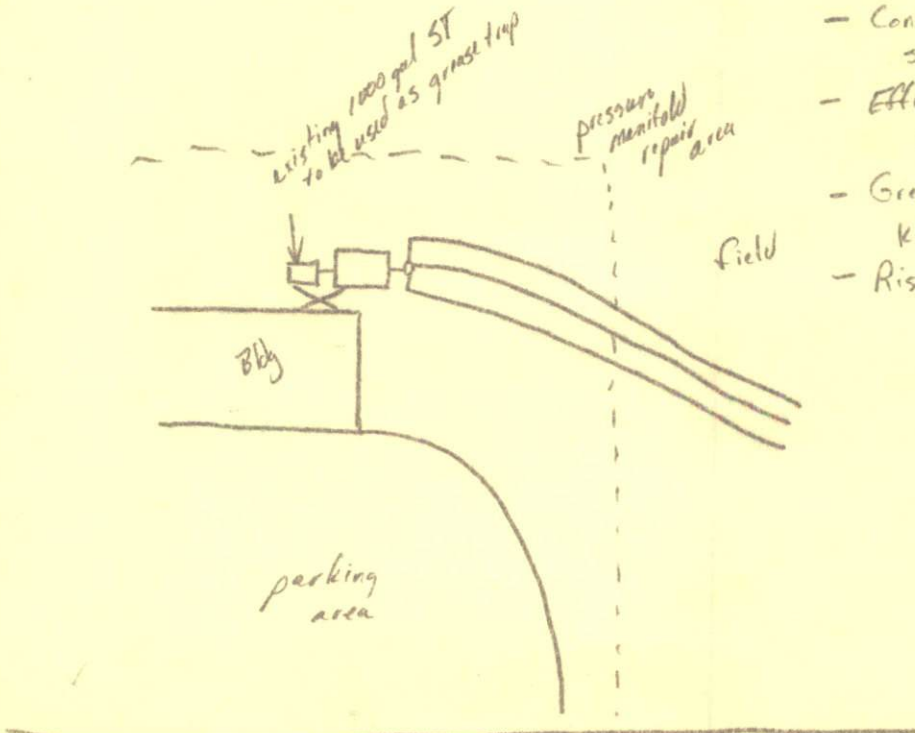
Date: 6-19-98

Signed: Thomas J. Boyer R.S.

Environmental Health Specialist

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

- Maintain Setbacks
- Contractor to meet on site prior to installing
- Effluent filter required in septic tank
- Grease Trap to receive kitchen waste only
- Risers required on all tanks



SR 2045

**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 # 14239. 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 Leona Stewart

Name: _____ Telephone # 497-5491

Address: Rt 2 Box 164 Linden NC 28554

Property Location: SR # 2045 Road Name Elliott Bridge Rd

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 16 seat restaurant
store (employees only) Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank 2000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 135

Width of ditches 3 ft. Depth of ditches 18-36 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 R.S. Date: 6-18-98