

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) Walters + Batchelor Const. New Installation Septic Tank
 Property Location: SR# 1415 Repairs Nitrification Line

Subdivision Hilliard Place Lot # 20

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 113ac

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 Pump to conventional line

Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

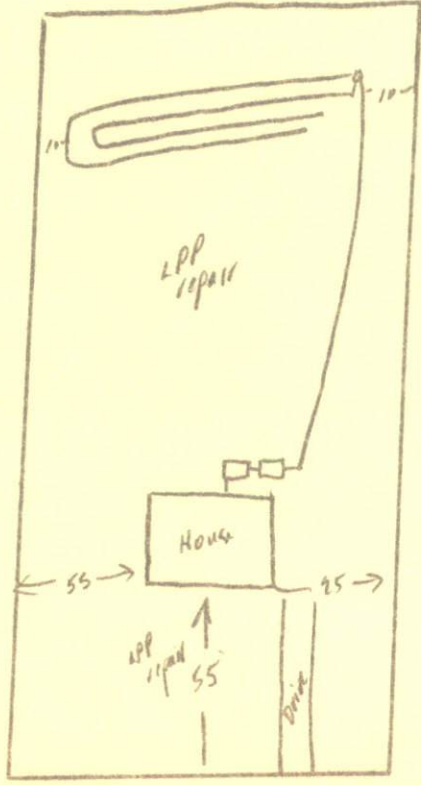
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 200 ft. width of ditches 3 ft. depth of ditches 18-20 in.

French Drain Required: _____ Linear feet

Date: 5-4-99

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

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



Maintain setbacks
 Contractor to meet on site prior to installing
 Final layout may change
 Can use Polystyrene Aggregate Trench System 12W15-95-3R

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 # 15734. 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 Walters & Babbelier Const.

Name: _____ Telephone # 919-810-4699

Address: Box 98932 Raleigh NC 27624

Property Location: SR # 1415 Road Name Raults

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Willard Place Lot # 20

Number of Bedrooms Proposed: 3 Lot size: 1.13ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 500 ft.

Type of System: Conventional Other Pump to conv. line

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 200

Width of ditches 3 ft. Depth of ditches 18-20 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. Boya R.S. Date: 5-4-99