

ATTEMPT TO REPAIR

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) Terry Baker
Property Location: SR# 1500 (Benson Rd)
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision _____ Lot # 89 acre

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Three Lot Size: _____

Basement with Plumbing: [] Garage: []

Water Supply: [x] Well [] Public [] Community

Distance From Well: 50 ft. minimum

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

Type of system: [x] Conventional [] Other _____

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

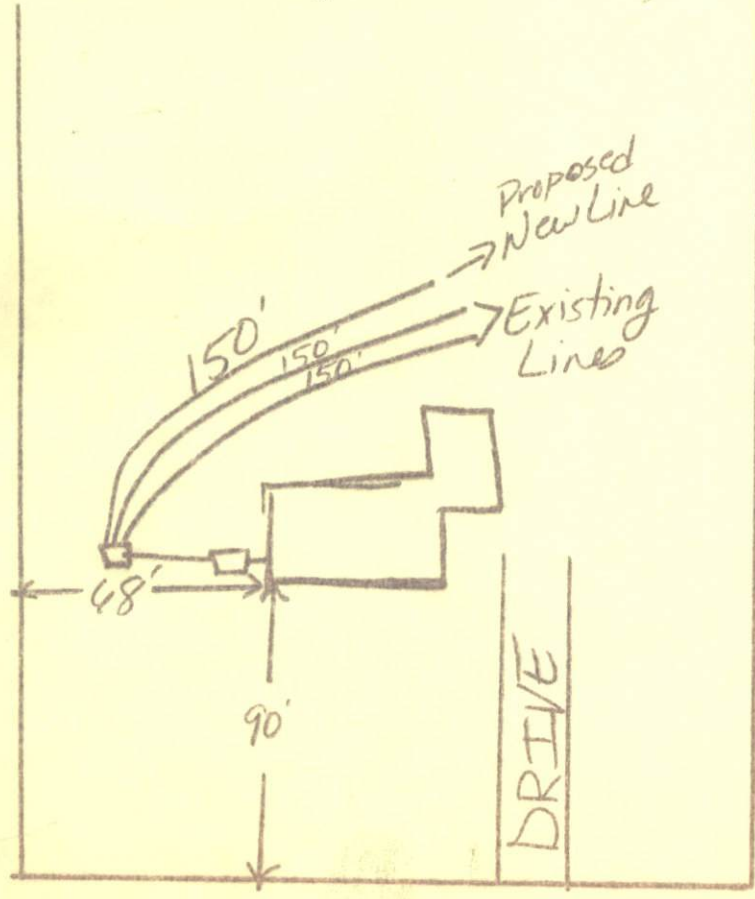
Subsurface Drainage Field No. of ditches 1 exact length 150 ft. width of ditches 3 ft. depth of ditches 22-24 in.

French Drain Required: _____ Linear feet

Date: 05 August 98

Signed: Ernest R. Duke Environmental Health Specialist

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



* Maintain setbacks
* Place 4"-6" of dirt over last 20' of existing lines and extending out 20' past end of drain lines.
* Attempt to reduce water volume in whirlpool. If whirlpool is used, drain 1/2 of water and then drain other 1/2 several hours later.

HAI 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 # 15005. 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 _____

Name: Terry Baker Telephone # 639-4810

Address: 3068 ~~Baker~~ Benson Rd.

Property Location: SR # 1500 Road Name Benson Rd.

New Installation _____ Repair Septic Tank _____ Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: Three Lot size: 0.89 acre

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank _____ gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 150 feet

Width of ditches 3 ft. Depth of ditches 22"-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: Vernert R. Wolfe Date: 05 August 98