

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) Carl Barefoot New Installation Septic Tank
Property Location: SR# HWY 27 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 22 acres

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min ft.

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

Type of system: Conventional Other Shallow Conventional

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 400 ft. width of ditches 3 ft. depth of ditches 12 in. ^{MAX}

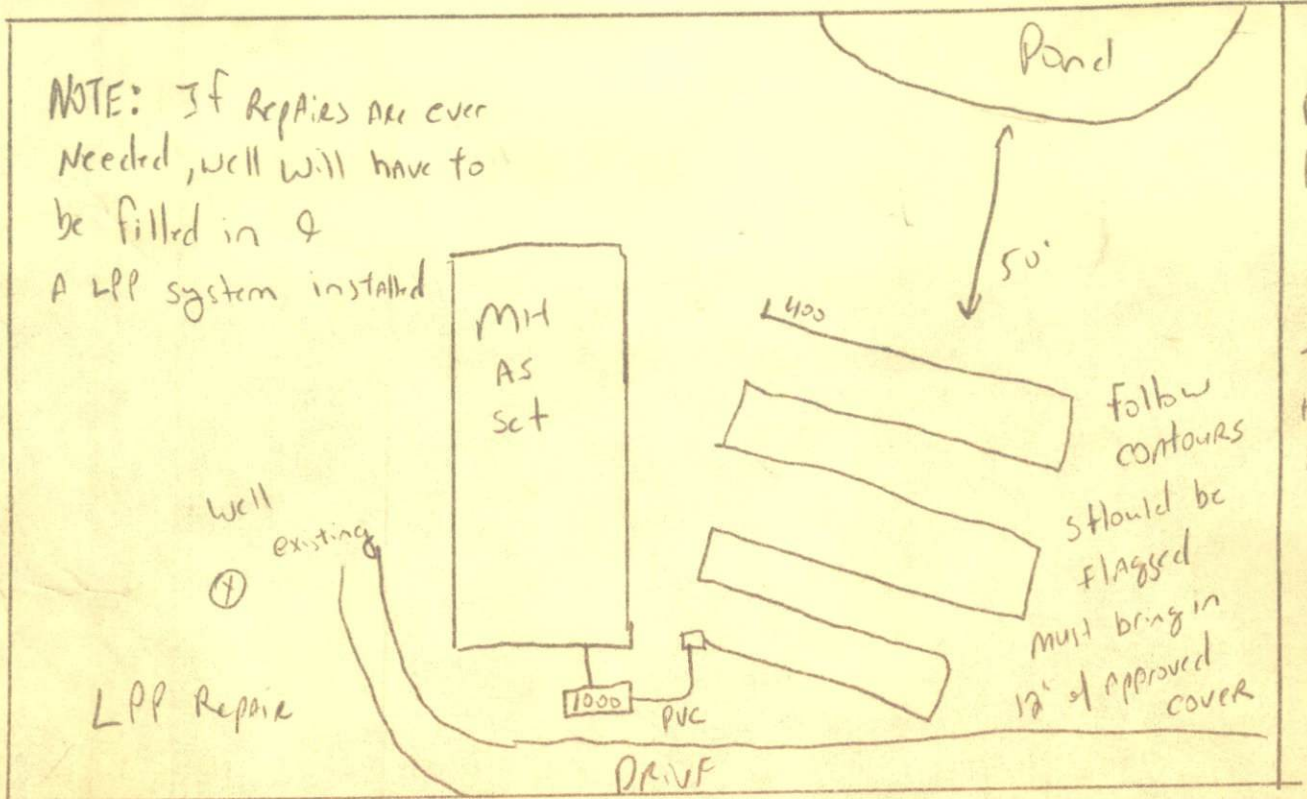
French Drain required: _____ Linear feet

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

Date: 10-30-95

Signed: [Signature]
Environmental Health Specialist

VOID AFTER 5 YEARS



AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 10715. 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 Carl Barefoot

Name: Carl Barefoot Telephone # 893-9200

Address: Rt. 3 Box 376-A Lillington

Property Location: SR# HWY 27 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 Lot Size: 22 acres

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well Public _____

Minimum Well Setback: 50 min 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 1 Length of Lines 400

Width of Ditches 3 ft. Depth of ditches 12 inches
MAX

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 of Harnett County Health Department

Name: Joe Waters Date: 10-31-95

MUST bring in 12" of approved cover
STAY 50' from well & 50' from pond