

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) Tammy Benson
Property Location: SR# 2036 Thompson Rd
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision Lot #

Tax ID # 0546-77-7154 Split Quadrant # 12-0546-0078

Number of Bedrooms Proposed: THREE Lot Size: 1.57 Acres

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

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

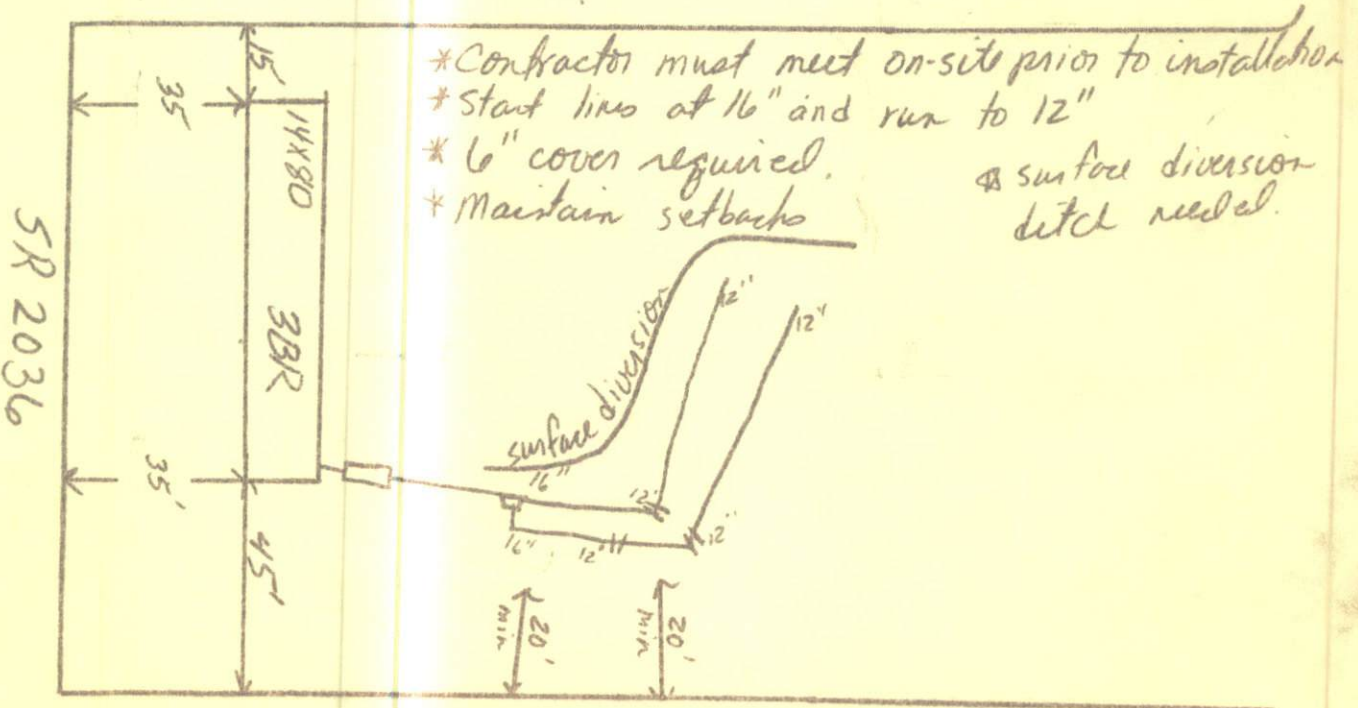
Subsurface Drainage Field No. of ditches 2 exact length 100 ft. width of ditches 3 ft. depth of ditches 16-12 in.

French Drain Required: Linear feet 6" cover required.

Date: 04, February 1999

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

Signed: Vincent R. Dodge Environmental Health Specialist



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 # 14698. 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: Tammy Benson Telephone # 893-3849

Address: 3008 Thompson Rd, Bunnlevel NC

Property Location: SR # 2036 Road Name Thompson

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 Lot size: 1.57 acres

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: 100 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 2 Length of lines 100 feet

Width of ditches 3 ft. Depth of ditches 16"-12" inches 6" covers required

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: Vernett R. Dosh Date: 04 Feb 99