

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) Kathy & Lowell Engquist ☒ New Installation ☒ Septic Tank
Property Location: SR# 2072 ☐ Repairs ☒ Nitrification Line
off Hobbs Rd.

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 2.0 AC

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☒ Well ☐ Public ☐ Community

Distance From Well: 750 ft. approved well

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: 900 gallons Pump Tank: _____ gallons

Subsurface No. of 2 exact length 100 width of 3 depth of 30 in.
Drainage Field ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain required: _____ Linear feet

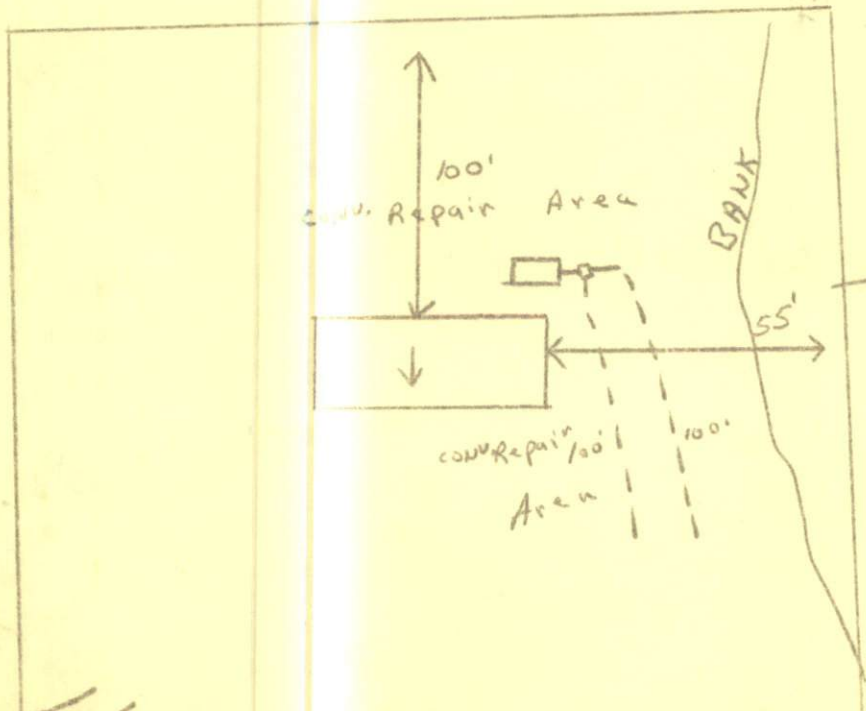
This permit is subject to revocation if site plans or intended use change.

Date: 6-2-96

Signed: [Signature]

Environmental Health Specialist

VOID AFTER 5 YEARS



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 # 10088. 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 Kathy & Lowell Engquist

Name: _____ Telephone # 893-5594

Address: Rt. 1 Box 100 Bunnlevel

Property Location: SR# 2072 Road Name off Hobbs Rd.

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: _____ Lot Size: 2.0 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well ☒ Public ☐

Minimum Well Setback: 750 ft.

Type of System: Conventional ☒ Other _____

Tank Volume: Septic Tank 900 gallons, Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines Per Field 2 Length of Lines 2 at 100'

Width of Ditches 3 ft. Depth of ditches 30 inches

French Drain: Linear feet required _____ Depth of gravel _____

The 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: Jeff Early Date: 6-2-96