

IMPROVEMENT PERMIT

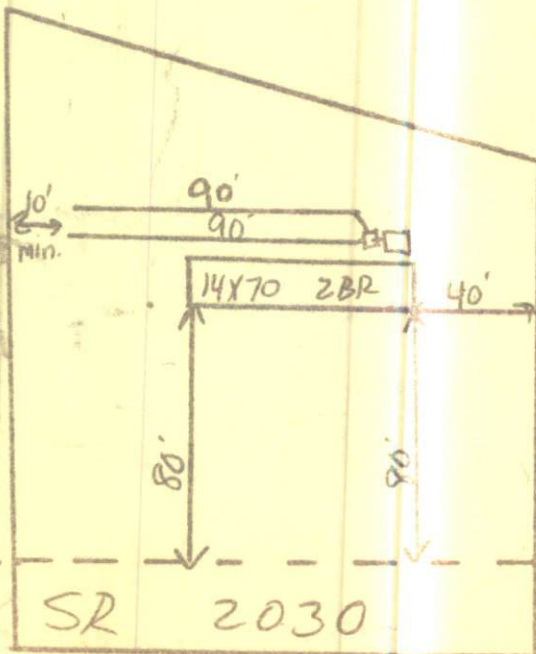
Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) John & Doris Finger☒ New Installation ☒ Septic TankProperty Location: SR# 2030 McLean Chapel☐ Repairs ☒ Nitrification LineSubdivision Lot # Tax ID # 056-04-8670 Quadrant # 12-0556-0086Number of Bedrooms Proposed: TWO Lot Size: Basement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance 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 Size of tank: Septic Tank: 1000 gallons Pump Tank: gallonsSubsurface Drainage Field No. of 2 exact length 90 width of 3 depth of 18-24
ditches of each ditch ft. ft. ft. ft. ft.French Drain Required: Linear feet

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

Date: 15 April 1999Signed: Vernon R. Rife
Environmental Health Specialist

* maintain setbacks
 * lines on contour
 * Filter & risers required.
 * Stay 50 feet from any & all wells.

HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15838. 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: John & Doris Fingers Telephone # 893-6393

Address: PO Box 334 Bunnlevel NC

Property Location: SR # 2030 Road Name M'Lean Chapel

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: TWO Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public ☒ Minimum Well Setback: 50 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 90 feet

Width of ditches 3 ft. Depth of ditches 18-24 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: Vernon K. Welf Date: 15 April 1999