HARNETT COUNTY HEALTH DEPARTMENT

№ 09485

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) Timothy Leonard ☒ New Installation ☒ Septic Tank

Property Location: SR# 2035 ☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # 1

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 2 Lot Size: 22.775 ac.

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☒ Public ☐ Community

Distance From Well: 100 min 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 3 exact length of each ditch 90 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain required: ____ Linear feet

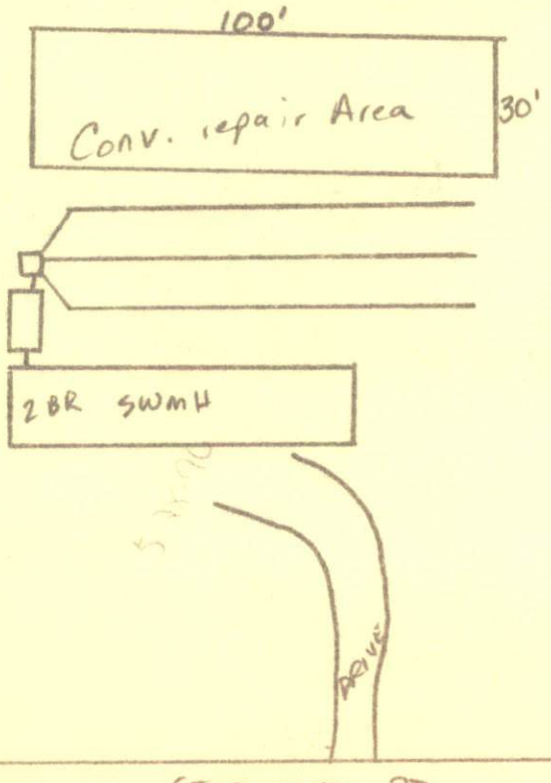
This permit is subject to revocation if site plans or intended use change.

Date: 5/16/96

Signed: Peter A Burke

Environmental Health Specialist

VOID AFTER 5 YEARS



1) maintain all required setbacks

2) keep ditch bottoms level

3) stepdowns may be used if necessary.

H NETT COUNTY HEALTH DEP. MENT

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 09485. 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: Timothy Leonard **Telephone #** 893-4225

Address: Rt 4 Box 41 Lillington, NC 27546

Property Location: SR # 2035 **Road Name** Stockyard Rd

New Installation ✓ **Repair** _____ **Septic Tank** ✓ **Nitrification Lines** ✓

Subdivision _____ **Lot #** 1

Number of Bedrooms Proposed: 2 **Lot size:** 22.775 ac.

Basement _____ **With Plumbing** _____ **Without Plumbing** _____

Water Supply: Well _____ **Public** ✓ **Minimum Well Setback:** 100 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** 3 **Length of lines** 90'

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: Peter A Burke **Date:** 5/14/96

(Revised 2/96)CNSTRCT.WPD