HARNETT COUNTY HEALTH DEPARTMENT

№ 13999

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) Cornelius Levonse ☑ New Installation ☑ Septic Tank

Property Location: SR# 2006 Crawford ☐ Repairs ☑ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 1.61 acres

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☐ Well ☑ Public ☐ Community

Distance 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 EEE-ZZZ Lay

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

Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18 MAX in.

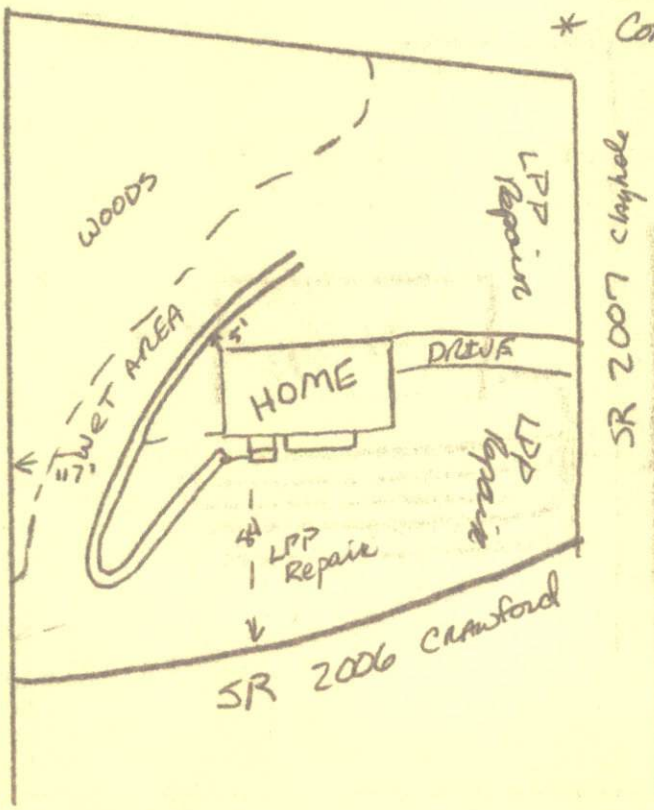
French Drain Required: — Linear feet

Date: 3-3-98

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

Signed: James E Manhart Jr. R.S.

Environmental Health Specialist



* Maintain all setbacks
* Contractor to meet on site prior to any installation
* If home is built wrong or out of place pump will be required!

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AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13999. 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: Cornelia R Levoise **Telephone #** 484-6071

Address: 619 Townsland ST Fayetteville, N.C. 28303

Property Location: SR # 2006 **Road Name** Crawford

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

Subdivision — **Lot #** —

Number of Bedrooms Proposed: 4 **Lot size:** 1.61 Acres

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

Water Supply: Well / **Public** / **Minimum Well Setback:** 50' **ft.**

Type of System: Conventional _____ **Other** / EFE-222 Lay

Tank Volume: Septic Tank 1000 **gallons** **Pump Chamber** _____ **gallons**

Nitrification Field Specifications

Number of fields 2 **Number of Lines per Field** 2 **Length of lines** 150

Width of ditches 3 **ft. Depth of ditches** 18 **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: James E Markart RLS. **Date:** 3-3-98

(Revised 2/96)CNSTRCT.WPD