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HARNETT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

No 16689

00-40000103

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) Bar Built Homes

New Installation Septic Tank

Property Location: SR# 1120

Repairs Nitrification Line

Subdivision Stone Cross Lot # 35

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: FOUR Lot Size: _____

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 _____

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

Subsurface Drainage Field No. of 3 exact length 75 width of 3 depth of 18-30 ft. ditches _____ ft. ditches _____ in.

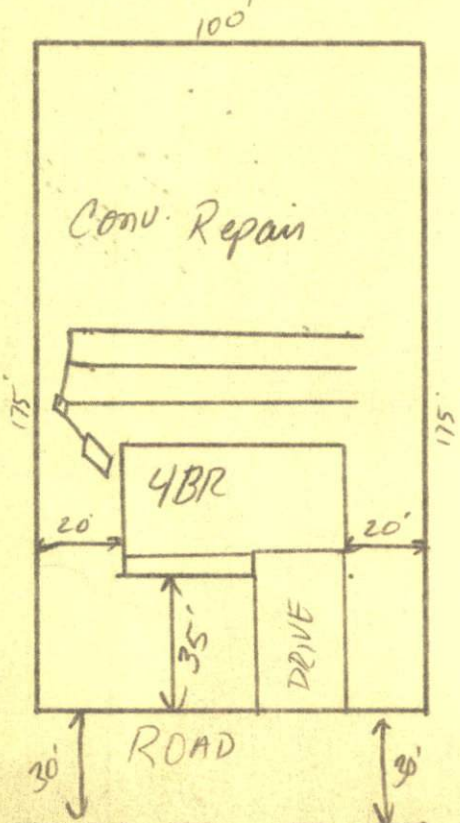
French Drain Required: _____ Linear feet

Date: 16 Feb 2000

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

Signed: Vernest R. Dodge
Environmental Health Specialist

7/24/00



7/24/00

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 # 16689. 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: Bar Built Homes Telephone # 864-1253

Address: 2118 Pinewood Terrace Fay, NC

Property Location: SR # 1120 Road Name Overshills

New Installation Repair Septic Tank Nitrification Lines

Subdivision Stone Cross Lot # 35

Number of Bedrooms Proposed: FOUR 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 3 Length of lines 75 feet

Width of ditches 3 ft. Depth of ditches 18-30 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 R. [Signature] Date: 16 Feb 2000