

IMPROVEMENT PERMIT

4000143

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) Tim Baker
Property Location: SR# 1141 Micro Tower
Access from Heather Brook at Mail Box # 835
Subdivision AP Johnson Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 (2x60) Lot Size: 10 92

Basement with Plumbing: [] Garage: [] Meet on site

Water Supply: [] Well [] Public [] Community MUST use filter & marker

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: [X] Conventional [] Other

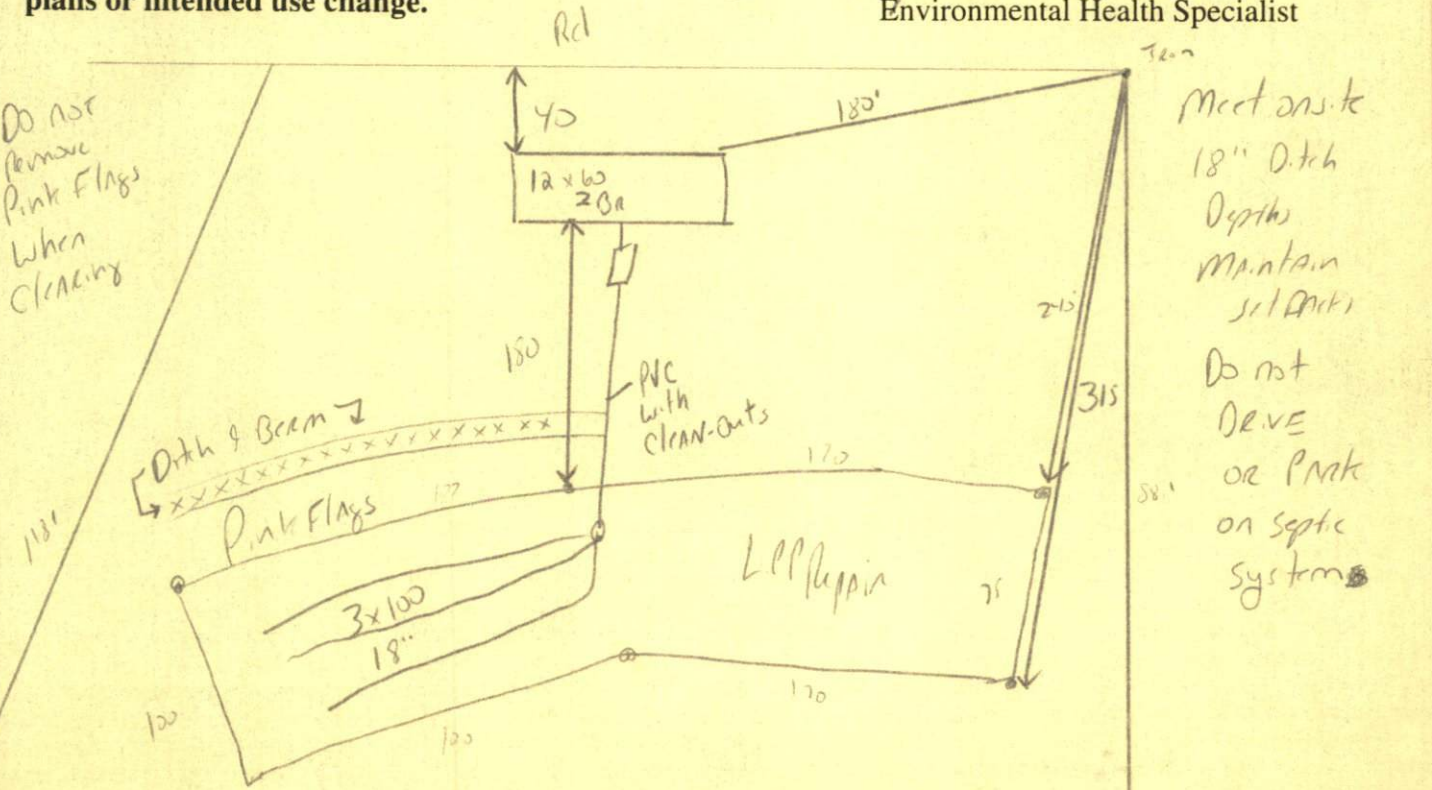
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length 100 width of ditches 3 depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 03 07 2000

This permit is subject to revocation if site plans or intended use change. Signed: J. L. Warr Environmental Health Specialist



Meet on site
18" Ditch
Depth maintain 18"
Do not DRIVE OR PARK on septic system

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 # 17701. 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 Tim Baker

Name: _____ Telephone # 814-3262

Address: _____

Property Location: SR # 1141 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision AP Johnson Lot # 1

Number of Bedrooms Proposed: 2 (12x60) Lot size: 10.92

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ 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 100

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: Jane W. S. Br... Date: 3/7/2000