

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) Judy Hickman New Installation Septic Tank
Property Location: SR# 1106 Repairs Nitrification Line

Subdivision HALCYON HILLS Lot # 1

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x80) Lot Size: 5.33

Basement with Plumbing: Garage: NOTE - This was an existing

Water Supply: Well Public Community TANK - home will be Below septic

Distance From Well: _____ ft. TANK so there are new TANK & Pump TANK is require to get into existing system

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to Existing Conventional Line

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

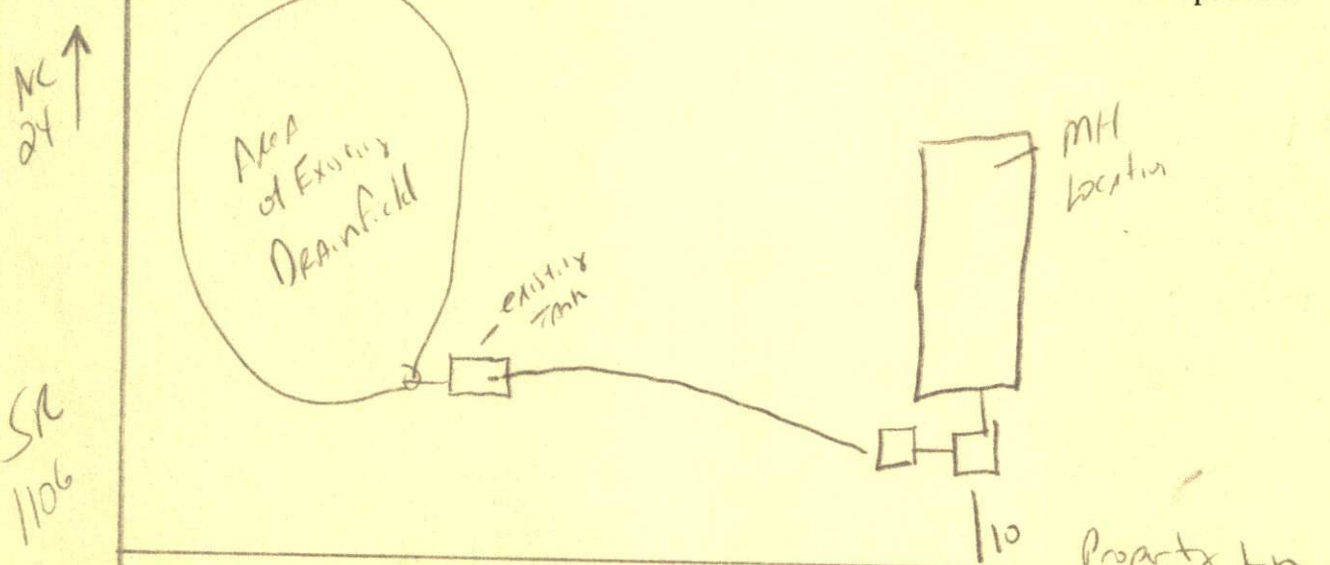
Subsurface Drainage Field No. of ditches Existing exact length of each ditch _____ ft. width of ditches _____ ft. depth of ditches _____ in.

French Drain Required: _____ Linear feet

Date: 4-14-2000

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

Signed: Joe Warren
Environmental Health Specialist



NOTE Will require 1000 gal Septic Tank - 1000 gal Pump Tank Pump, Alarm, Alarm Box (Nema 4x)

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 # 17813. 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 Judy Hickman

Name: _____ Telephone # 774-9998

Address: _____

Property Location: SR # 1106 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines _____

Subdivision Halcyon Hills Lot # 1

Number of Bedrooms Proposed: 3 Lot size: 5.33 ac

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional _____ Other exity

Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field exity Length of lines _____

Width of ditches _____ ft. Depth of ditches _____ 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: J. L. [Signature] Date: 4-14-2000