

IMPROVEMENT PERMIT

Attempt to Repair

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) Tonita Shoinette Bass New Installation Septic Tank
Property Location: SR# 2042 Repairs Nitrification Line

Subdivision _____ Lot # _____
Tax ID # 0546-94-8308 Quadrant # 12-0556-0086

Number of Bedrooms Proposed: Three 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 _____

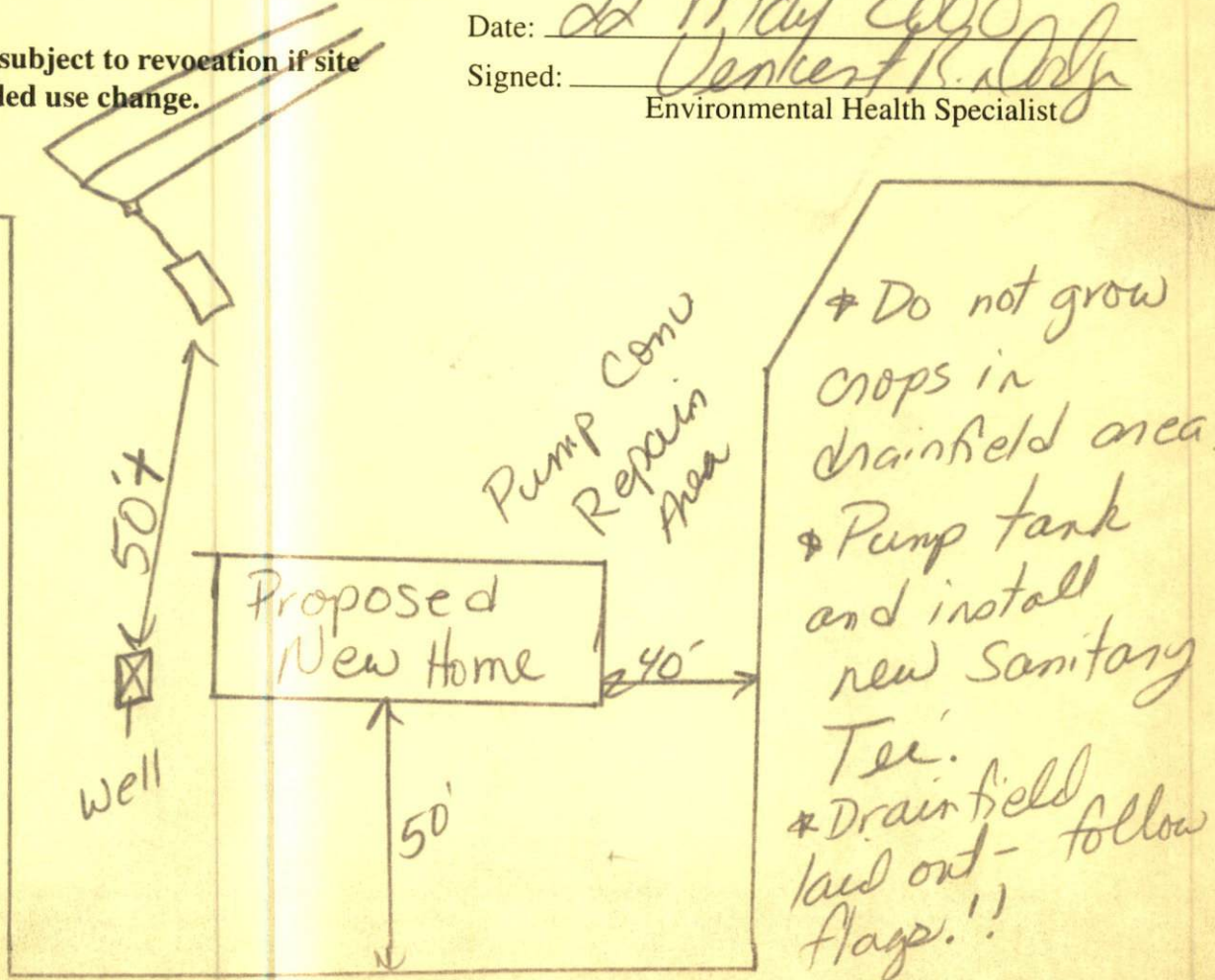
Size of tank: Septic Tank: EXISTING gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 22 May 2000
Signed: Vernest R. Ordy
Environmental Health Specialist

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



SR 2042

HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described in Harnett County Health Department Improvement Permit # 17857. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization shall be invalid if ownership, site plans, or intended use change.

Owner or Authorized Agent: Tonitia Bass Telephone # 814-0953
Address: 3103 McLean Chapel Church Bunnell NC
Property Location: SR # 2042 Road Name McLean Chapel

Installation: Repair Septic Tank Nitrification Lines
Subdivision: _____ Lot # _____

Number of Bedrooms Proposed: Three Lot size: _____

Permit: With Plumbing Without Plumbing _____
Water Supply: Well Public _____ Minimum Well Setback: 50 ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank EXISTING gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields: 1 Number of Lines per Field: 3 Length of lines: 80 feet
Width of ditches: 3 ft. Depth of ditches: 18-24 inches

Trench 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: [Signature] Date: 22 May 2000