MPROVEMENT PERMIT

Nº 17145

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) Jrmmy DIXIC / ee New Installation Septic Tank Property Location: SR# 1727 Three Bardge ROAD . Repairs Nitrification Line Subdivision ____ Lot # A second Tax ID #______ Quadrant # _____ Number of Bedrooms Proposed: 2 Lot Size: 16.83 Basement with Plumbing: Garage: Water Supply: Public Community Distance From Well: _ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. **Conventional** Type of system: Other ____ Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons exact length width of depth of of each ditch 80 ft. ditches 3 ft. ditches 19-22 in. Subsurface No. of Drainage Field ditches French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist Maintain all < W MH

SR-1722 THREE BRIDGE

00-40000518

AUTHORIZATION TO CONSTRUCT

| Owner or Authorized Agent Rachel Lee |
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| Name: Jimmy + DIXIE Lee Telephone # 850-0177 |
| Name: Strong + DIXIE Lee Telephone # 850-0177 Address: 44 All Spice LANE DUNN N.C. 28334 |
| Property Location: SR # 1722 Road Name Thee Bullet |
| New Installation Repair Septic Tank Nitrification Lines |
| Subdivision Lot # |
| Number of Bedrooms Proposed: 2 Lot size: 16.83 |
| 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 2 Number of Lines per Field 3 Length of lines 80 |
| Width of ditches 3 ft. Depth of ditches 18-22 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: games & Manhart Re N.S. Date: 6-1-00 (Revised 2/96) CNSTRCT WPD |