

IMPROVEMENT PERMIT

00-011119

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) Johnny Fauseloth New Installation Septic Tank
Property Location: SR# 1270 Hollies Pines Rd. Repairs Nitrification Line

Subdivision Hollies Pines Lot # 4

Tax ID # _____ Quadrant # _____

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 SHALLOW

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

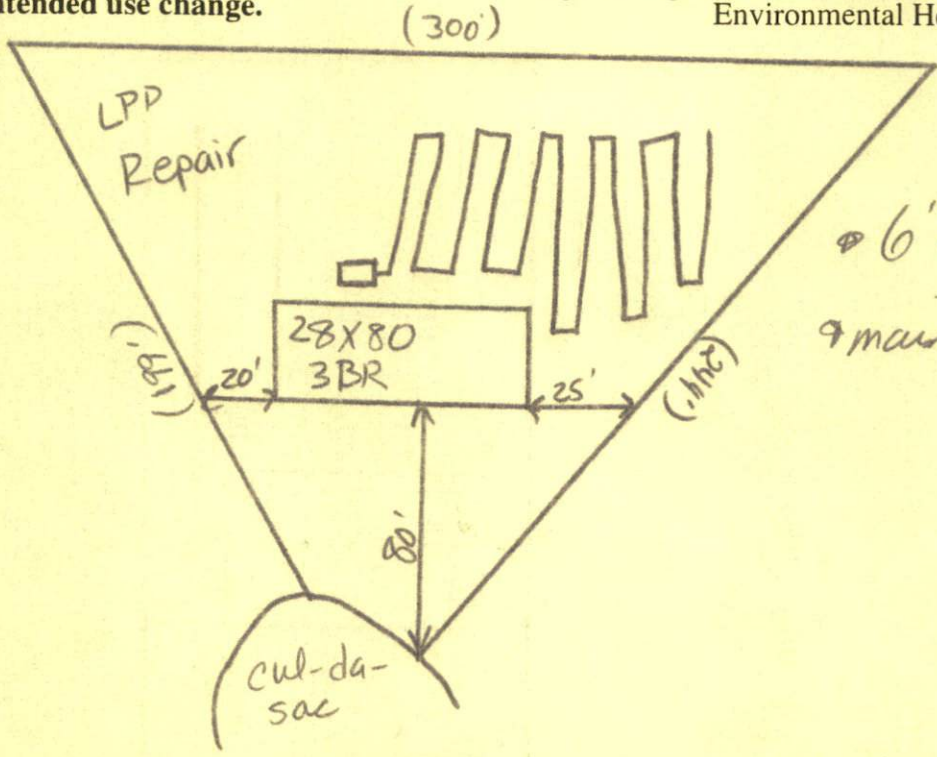
Subsurface Drainage Field No. of 1 exact length 400 width of 3 depth of 12" MAX
ditches of each ditch ft. ditches ft. ditches in.

French Drain Required: _____ Linear feet

Date: 02 August 2000

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

Signed: Vernon R. Dodge
Environmental Health Specialist



6" cover required
& maintain setbacks

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 # 17339. 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: Johnny Faircloth Telephone # 258-5839

Address: 5272 Cool Springs Rd. Broadway, NC

Property Location: SR # 1270 Road Name Hollie Pines

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Hollie Pines Lot # 4

Number of Bedrooms Proposed: Three 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 1 Length of lines 400 feet
Width of ditches 3 ft. Depth of ditches 12 inches 6" cover required

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: Vernest R. Day Date: 02 August 2000