

00-40000733

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) Nancy Davis New Installation Septic Tank
Property Location: SR# 1233 Lloyd Stewart Repairs Nitrification Line

Subdivision _____ Lot # 1

Tax ID # 13-0509-01-1801 Quadrant # 0519-08-2902

Number of Bedrooms Proposed: Three Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

9-28-00

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: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of 4 exact length 75 width of 3 depth of 18-24
ditches of each ditch ft. ditches ft. ditches in.

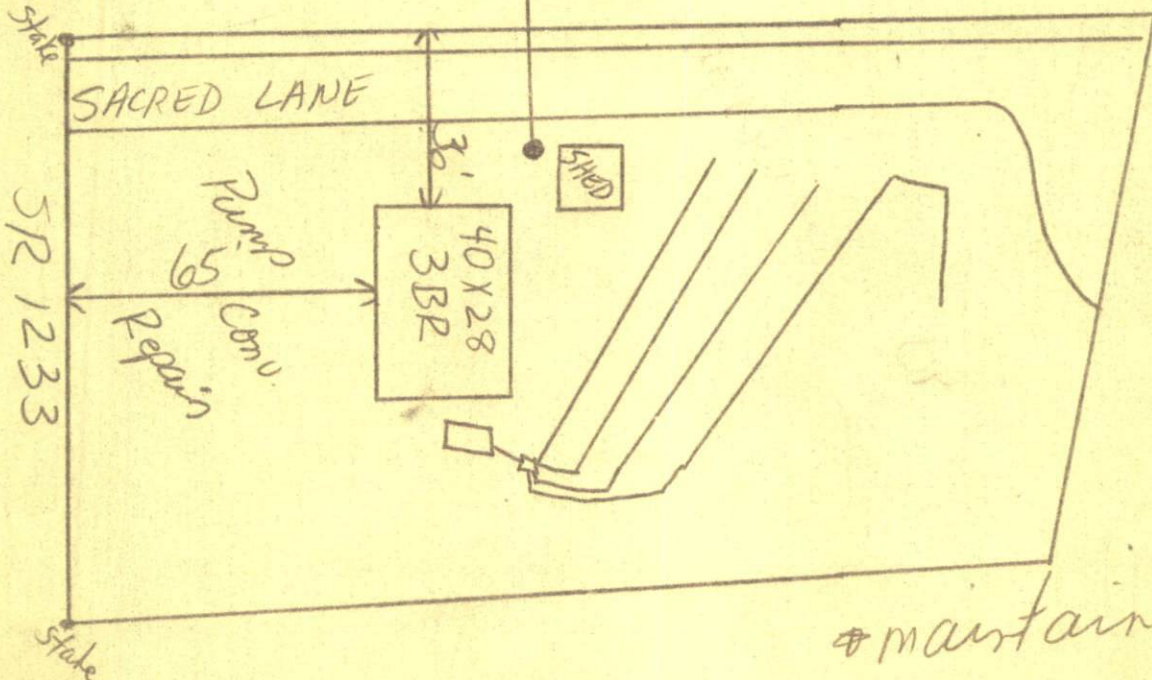
French Drain Required: _____ Linear feet

Date: 22 August 2000

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

Signed: Vernon R. Bodge
Environmental Health Specialist

Power Pole 2D145



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 # 16338. 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: Nancy Davis Telephone # (919) 258-0321
Address: PO Box 1234 Broadway, NC
Property Location: SR # 1233 Road Name Lloyd Stewart
New Installation Repair _____ Septic Tank Nitrification Lines
Subdivision _____ Lot # 1

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 4 Length of lines 75 feet

Width of ditches 3 ft. Depth of ditches 18-24 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: Vernest R. York Date: 22 August 2000