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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) Charles & Sharon Hugley New Installation Septic Tank
Property Location: SR# 2026 Repairs Nitrification Line
Byrd Pond Road

Subdivision _____ Lot # 3
Tax ID # 12-0565-0014-05 Quadrant # 0565-69-0249

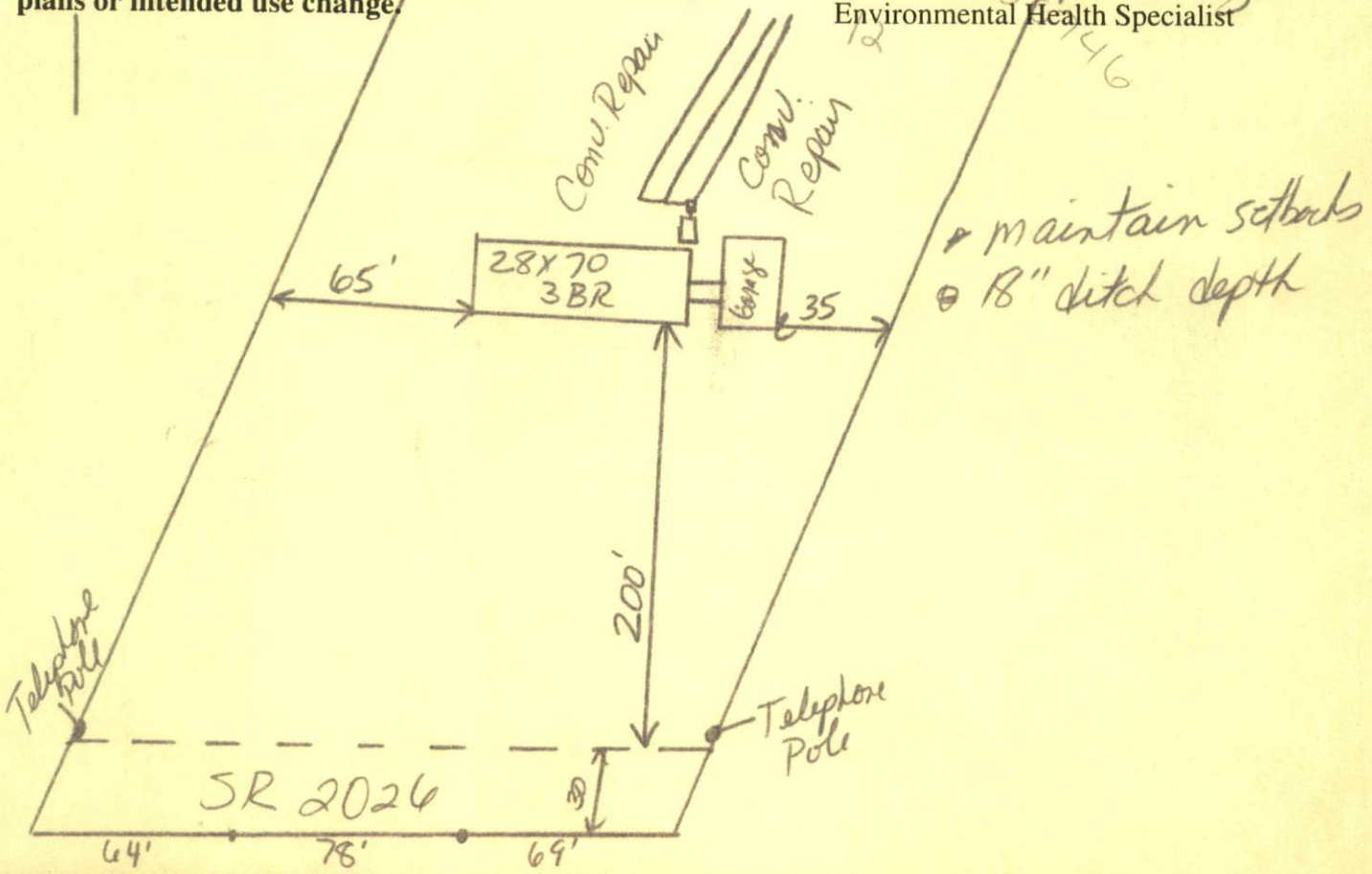
Number of Bedrooms Proposed: _____ Lot Size: _____
Basement with Plumbing: Garage:
Water Supply: Well Public Community
Distance From Well: 50 ft.

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: 1000 gallons Pump Tank: _____ gallons
Subsurface Drainage Field No. of 3 exact length 80 ft. width of 3 ft. depth of 18 max in. ditches 3 of each ditch 80 ft. ditches 3 ft. ditches _____ in.
French Drain Required: _____ Linear feet

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

Date: 29 July 2009
Signed: Vernice R. Dodge
Environmental Health Specialist



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 # 17334. 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: Charles & Sharon Hugley Telephone # 488-4428

Address: 5717 Five Sister Court Fay, NC 28311

Property Location: SR # 2026 Road Name Byrd Pond

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # 3

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 3 Length of lines 80 feet

Width of ditches 3 ft. Depth of ditches 18 max 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: Veneshia [Signature] Date: 27 July 2000