

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) Jeff Huber New Installation Septic Tank
Property Location: SR# 1120 Repairs Nitrification Line

Subdivision Stone Cross Lot # 32

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 _____

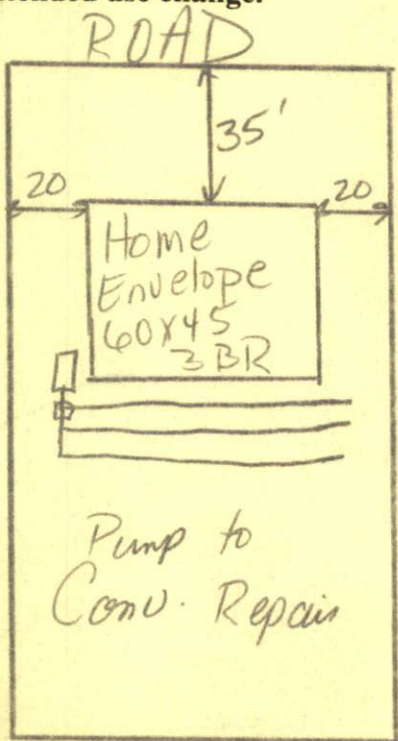
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of 3 exact length 70 width of 3 depth of 30 in.
ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain Required: _____ Linear feet

Date: 06 Dec 1999
Signed: Vernest R. Dodge
Environmental Health Specialist

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



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AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications describe by Harnett County Health Department Improvement Permit # 116653. 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: Jeff Huber Telephone # 639-7839

Address: PO Box 2105 Lillington, NC

Property Location: SR # 1120 Road Name Overhills

New Installation Repair Septic Tank Nitrification Lines

Subdivision Stone Cross Lot # 32

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 70 feet

Width of ditches 3 ft. Depth of ditches 30" 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: Vernon R. Duff Date: 06 Dec 1999