

IMPROVEMENT PERMIT

03-5-5974

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) Bob Cicci
Property Location: SR# N124/27
New Installation
Septic Tank
Repairs
Nitrification Line

Subdivision The Highlands @ Sherwood Forest Lot # 35

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (42x65) Lot Size: 1.06 ac

Basement with Plumbing:
Garage: AS set up on lot
Water Supply: Well Public Community
Distance From Well: 50 ft.

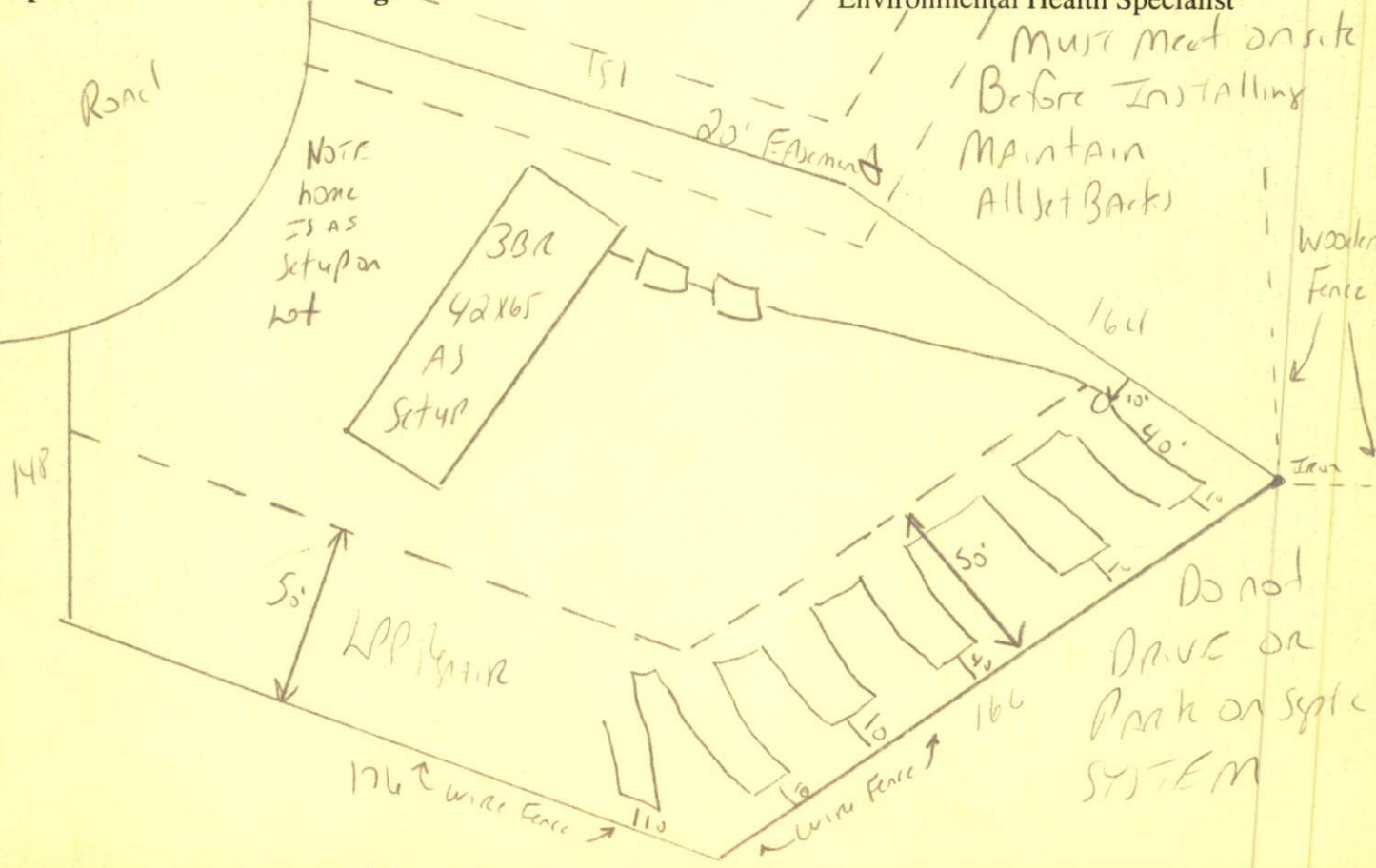
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other Pump to Conventional
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 350 ft. ditches 3 ft. ditches 18 in.
French Drain Required: Linear feet

Date: 12-20-02

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

Signed: J. L. W. 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 # 19936. 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.

Name Bob Cren Telephone # 499-2424

Address _____

Property Location SR# NC24/27 Road Name _____

Subdivision The Highland @ Sherwood Forest Lot # 35 # Bedrooms Proposed 3 (42x65) Lot size 1.06 A

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional Other Pump [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well [] Public - Minimum Well Setback: _____ Ft.
Septic Tank 1000 Pump Chamber 1000

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 350 Ft.

Width of ditches 3 ft. Depth of ditches 18 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.

Signature of Authorized Agent for Harnett County [Signature] Date 12.22.02