

IMPROVEMENT PERMIT

03-5-6969

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) John Wayne Spivey Jr

New Installation

Septic Tank

Property Location: SR# 1204

Repairs

Nitrification Line

Subdivision Danny Thomas Lot # A

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (28x70) Lot Size: .49 Ac

Basement with Plumbing:

Garage:

Please note that Drive

Water Supply: Well Public

Community

Must not be wider than 10'

Distance From Well: 50 ft.

And must be as close to power line as possible

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 ditches 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18.24 in.

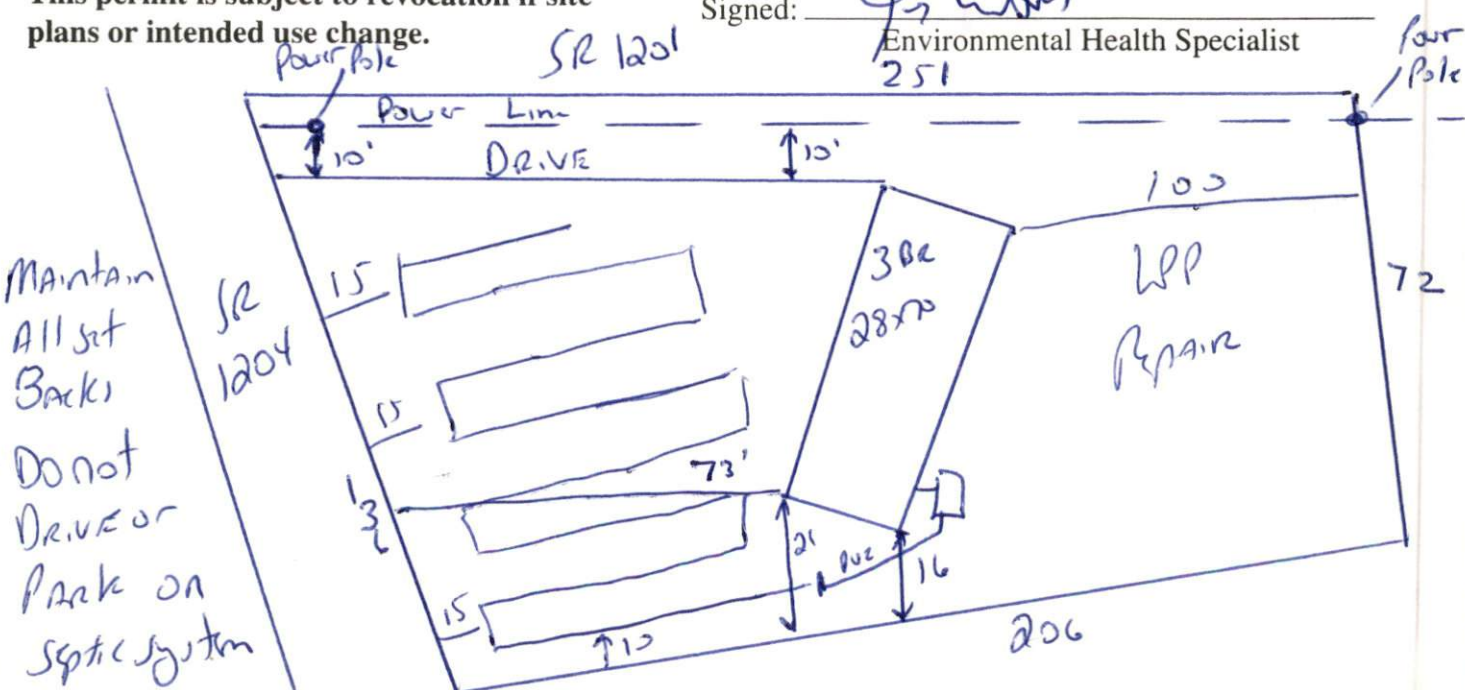
French Drain Required: _____ Linear feet

Date: 5-22-03

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

Signed: J. W. Spivey

Environmental Health Specialist 251



Place Tank in rear of home & use PVC pipe until set Backs can be made - Please note That Drive Must Be As close As possible To The Power Line & Be no wide Than 10'

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 # 20026. 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 John Wayne Spivey Telephone# 776-4862

Address SC 1201

Property Location SR# _____ Road Name _____
Subdivision Danny Thomas Lot # A # Bedrooms Proposed 3 (28x70) Lot Size 49A0

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other _____
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 Ft.
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.

Signature of Authorized Agent for Harnett County of Harnett [Signature] Date 5-2-07