

IMPROVEMENT PERMIT

03-5-2041

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) William & Dawn Clayburn
Property Location: SR# NC24
New Installation [X]
Septic Tank [X]
Repairs []
Nitrification Line [X]

Subdivision Bridlewood Hills I Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (27x76) Lot Size: 4.04 AC

Basement with Plumbing: [] Garage: []

Water Supply: [] Well [X] 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: [X] Conventional [] Other _____

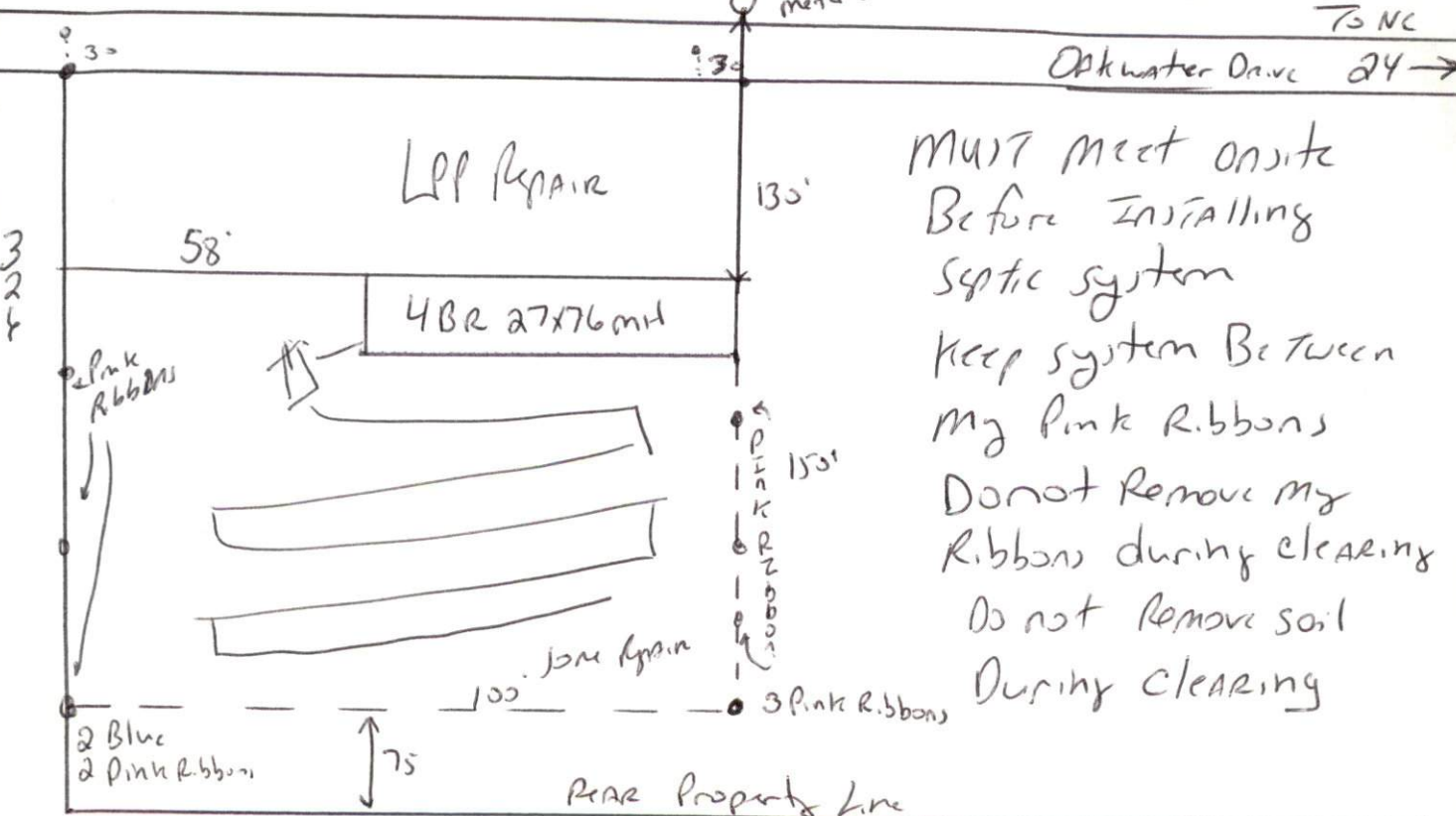
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length 540 ft. width of ditches 3 ft. depth of ditches 18 MAX in.

French Drain Required: _____ Linear feet

Date: 5-14-03
Signed: [Signature] Environmental Health Specialist

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



MUST meet onsite Before installing septic system
Keep system Between my Pink Ribbons
Do not Remove my Ribbons during clearing
Do not Remove soil During clearing

Do not Drive or park on septic system maintain all setbacks

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 # 20047. 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.

William & Dawn Clayburn 498-0274
Name Telephone#

NC 24
Address

Property Location SR# Bridlewood Hills I 3 4(27x76) Road Name 4.04A0
Subdivision Lot # # Bedrooms Proposed Lot Size

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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 540 Ft.

Width of ditches 3 ft. Depth of ditches 18 ^{MA+} 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] 5-14-03
Signature of Authorized Agent for Harnett County of Harnett Date