03-5-7673R

HARNETT COUNTY HEALTH DEPARTMENT

No 19374

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) Mavel Jackson Ludlum ☑ New Installation ☑ Septic Tank

Property Location: SR# 42 ☐ Repairs ☑ Nitrification Line

Subdivision Wilkins & Tatum Lot # 6

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 10.14Ac

Basement with Plumbing: ☐ Garage: ☐

Water Supply: ☒ Well ☐ Public ☐ Community

Distance From Well: 100 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 ditches 5 exact length of each ditch 110 ft. width of ditches 3 ft. depth of ditches 24-30 in.

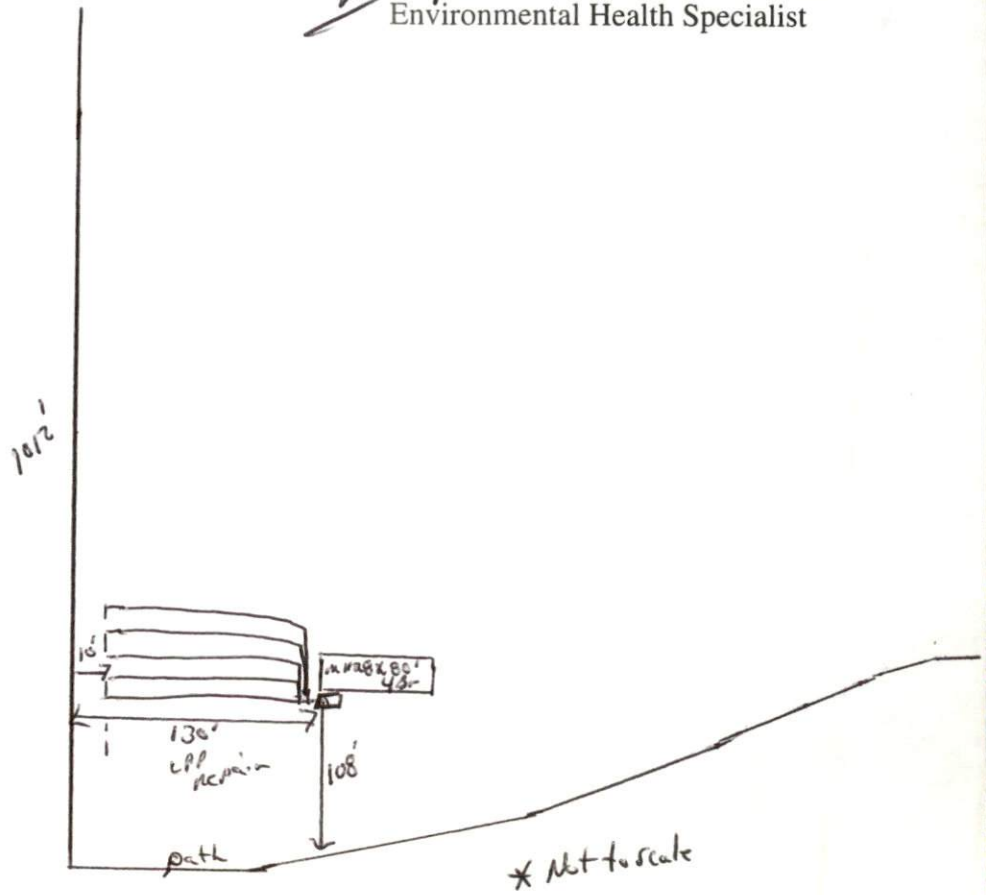
French Drain Required: _____ Linear feet

Date: 8/26/2003

Signed: Susan McSwain R.S.
Environmental Health Specialist

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

*Maintain all set backs
*Run ditches on contour



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 # 19374. 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.***

Manuel Jackson Ludlum — Name
919-639-7514 — Telephone#

143 Yogi Dr. Fuquay Varina, NC 27526 — Address

42 — Property Location SR#
Road Name

Wilkins Tatum — Subdivision
6 — Lot #
4 — # Bedrooms Proposed
10.14Ac — Lot Size

TYPE OF SYSTEM

[X] New Installation [ ] Repair [X] Septic Tank [ ] Nitrification Lines

[X] Conventional [ ] Other _____

[ ] *Basement* [ ] *With Plumbing* [ ] *Without Plumbing*

Water Supply: [ ] Well [X] Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITIRFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 110 Ft.

Width of ditches 3 ft. Depth of ditches 24-30 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.

Signature of Authorized Agent for Harnett County of Harnett — 8/26/2013 — Date