HARN[illegible]T COUNTY HEALTH DEPARTM

HTE 04-5-8746 12

IMPROVEMENT PERMIT

20758

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) Jeryl Lockley ☑ New Installation ☑ Septic Tank

Property Location: SR# 1510 Matt Mill Pnd Rd ☐ Repairs ☑ Nitrification Line

Subdivision _____ Lot # 3

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 4.13

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 25% Reduction System

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

Subsurface Drainage Field: No. of ditches 3; exact length of each ditch 100 ft.; width of ditches 3 ft.; depth of ditches 18-20 in. max

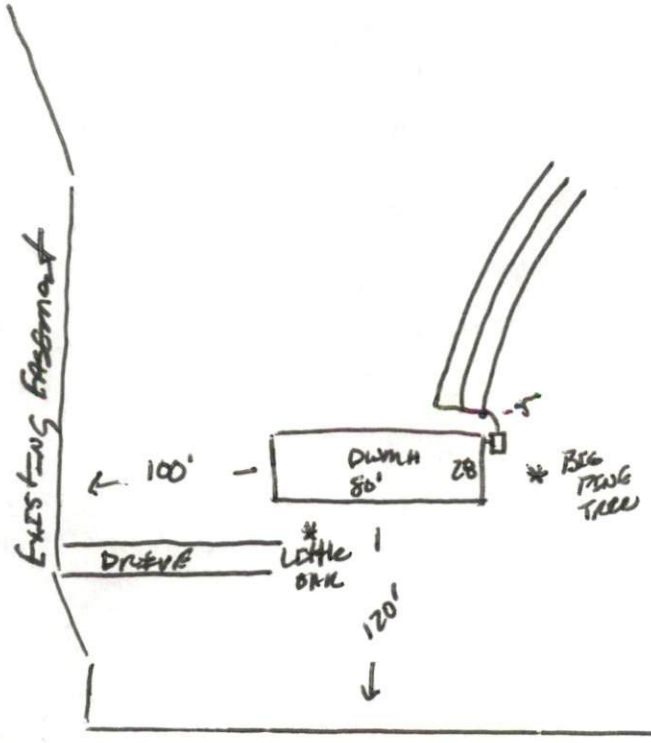
French Drain Required: — Linear feet

Date: 3-12-04

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

Signed: James E Mankat IV RS
Environmental Health Specialist

Contractor to CONTACT INSPECTOR Prior to INSTALLATION



SR 1510 Matthews Mc11 Pnd Rd

04-5-87412

HARNETT CC ITY DEPARTMENT OF PUBI HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20758. 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.

Jeryl Lockley — 919-427-8233
Name — Telephone #

P.O. Box 547 Angier N.C. 27501
Address

1510 — Matthews Pond Rd
Property Location SR# — Road Name

Subdivision — Lot # 3 — # Bedrooms Proposed 3 — Lot Size 4.13

TYPE OF SYSTEM

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

[ ] Conventional [✓] Other 25% Reduction System

[ ] *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 2 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 18-20 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.

James E Mashburn Jr RS — 3-12-04
Signature of Authorized Agent for Harnett County — Date