

02-5-4799

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) LEWIS LYONS New Installation Septic Tank
Property Location: SR# 2035 STOCKYARD RD Repairs Nitrification Line

Subdivision STOCKYARD RD Lot # 19

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: .50AC

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 No. of exact length width of depth of
Drainage Field ditches 6 of each ditch 70 ft. ditches 3 ft. ditches 18 in.

French Drain Required: _____ Linear feet

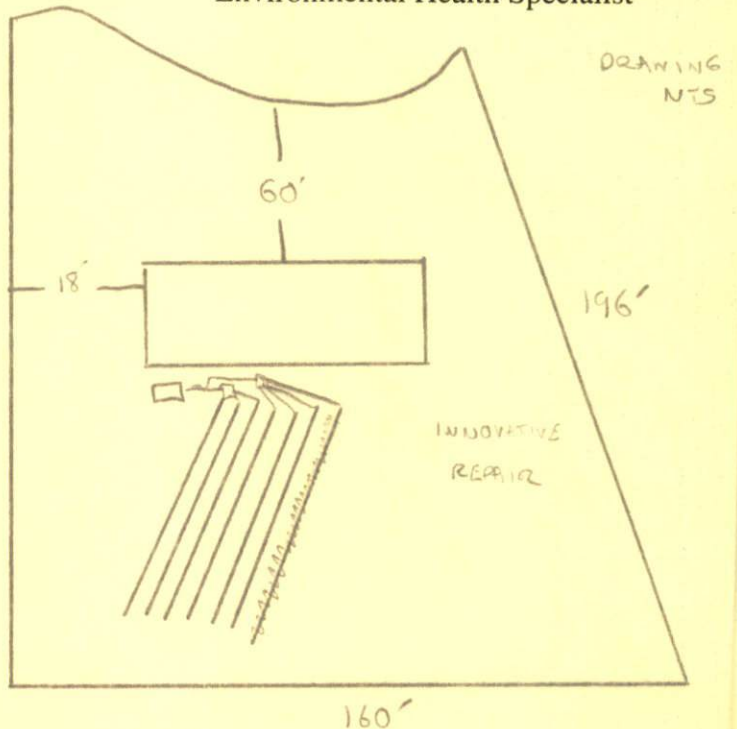
Date: 6/11/02

Signed: [Signature]

Environmental Health Specialist

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

- * MAINTAIN ALL SETBACKS
- * RUN LINES ON CONTOUR
- * USE FLOW DIVIDER TO TWO DISTRIBUTION BOXES IF NEEDED
- * CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



HA 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 # 19505. 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.

LEWIS LYONS 919-557-2211
Name Telephone #
172 LEONARD DR LILLINGTON NC 27546
Address
2035 STOCKYARD RD
Property Location SR# Road Name
STOCKYARD RD 19 4 .50 AC
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 - Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field X 6⁰⁰ Length of lines 70 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] 6/11/02
Signature of Authorized Agent for Harnett County Date