

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) Darry Lynch

New Installation Septic Tank

Property Location: SR# 1567 + 27

Repairs Nitrification Line

Subdivision Summerfield Ph 2 Lot # 11

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.09

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 TWDS-95-3A-EFF 22244

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

Subsurface Drainage Field No. of ditches 2 exact length 125' width of ditches 3 ft. depth of ditches 18-22 in.

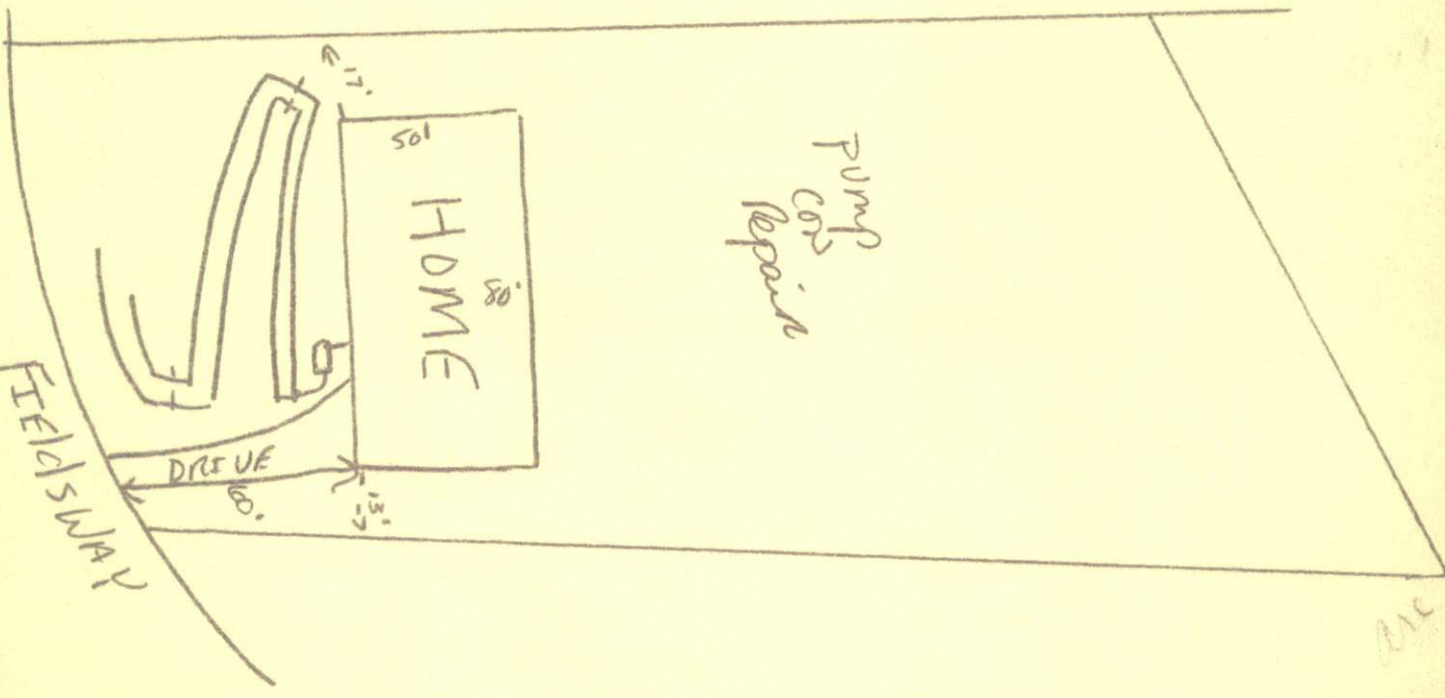
French Drain Required: - Linear feet

Date: 7-23-02

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

Signed: James E. Markham
Environmental Health Specialist

** STEPDOWNS WILL BE NEEDED!*



are above

#03-5-5112

HAI FT 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 # 13937. 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 Bary Lynch Telephone # 919-427-7674

Address P.O. Box 1541 Clayton N.C. 27520

Property Location SR# 27 Road Name 27

Subdivision Summerfield Lot # 11 # Bedrooms Proposed 3 Lot size 1.09

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____ Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: _____ Ft. 666-20.2
Septic Tank 1500 Pump Chamber _____ 614

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 2 Length of lines 125 Ft.

Width of ditches 3 ft. Depth of ditches 18 in 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 James E. Mantel Jere Date 7-23-02