

IMPROVEMENT PERMIT

03-5-6536

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) Paul & Angie Lyon
Property Location: SR# NC 87
New Installation
Septic Tank
Repairs
Nitrification Line

Subdivision Cypress Creek Farms Lot # 62

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (64 x 55) Lot Size: .62 ac

Basement with Plumbing:
Garage: Meet onsite stub out Plumbing shallow where shown maintain all set backs
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

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

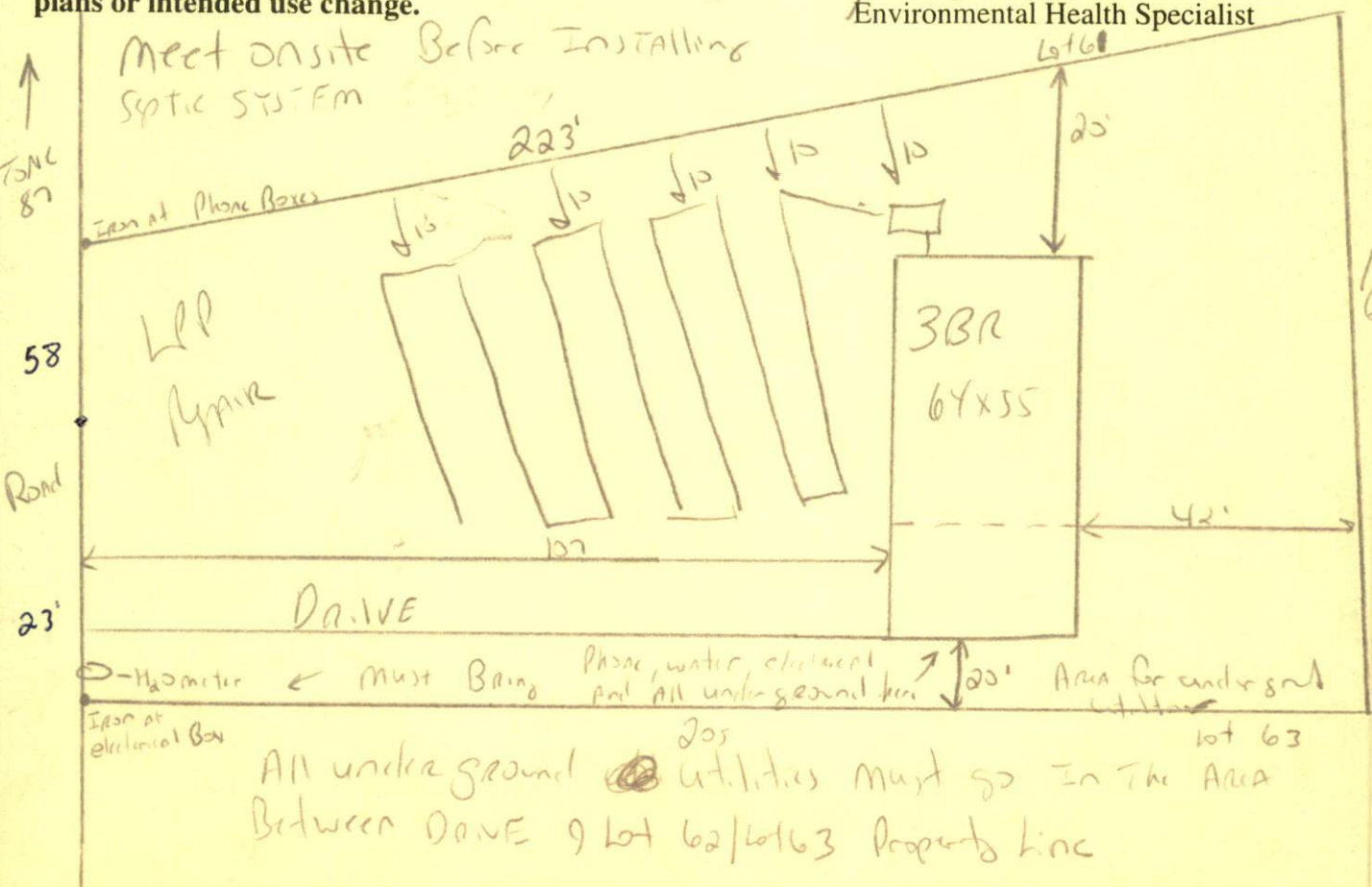
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 300 ft. ditches 3 ft. ditches 1824 in.

French Drain Required: Linear feet

Date: 02-27-03

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

Signed: J. W. [Signature] Environmental Health Specialist



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 # 19256A. 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 Paul & Angie Lyon Telephone# 499-6166

Address _____

NC87

Property Location SR# _____ Road Name _____
Subdivision Cypress Creek Farm Lot # 62 # Bedrooms Proposed 3 (64x55) Lot Size 2.00 Ac

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 _____ # of lines per field 1 Length of lines 300 Ft.
Width of ditches 3 ft. Depth of ditches 18 1/4 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 [Signature] Date 02-27-03