

IMPROVEMENT PERMIT

21070

HTE 3-5-8410

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) Wayne Homes (Yvonne MacLean) New Installation Septic Tank
 Property Location: SR# Hillman Grove Rd Repairs Nitrification Line

Subdivision Cypress Woods Lot # 5

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 (84x74) Lot Size: 4.408 ac

Basement with Plumbing: Garage: Site Limited to 2 BR only

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 Purpts Ultra-shallow

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

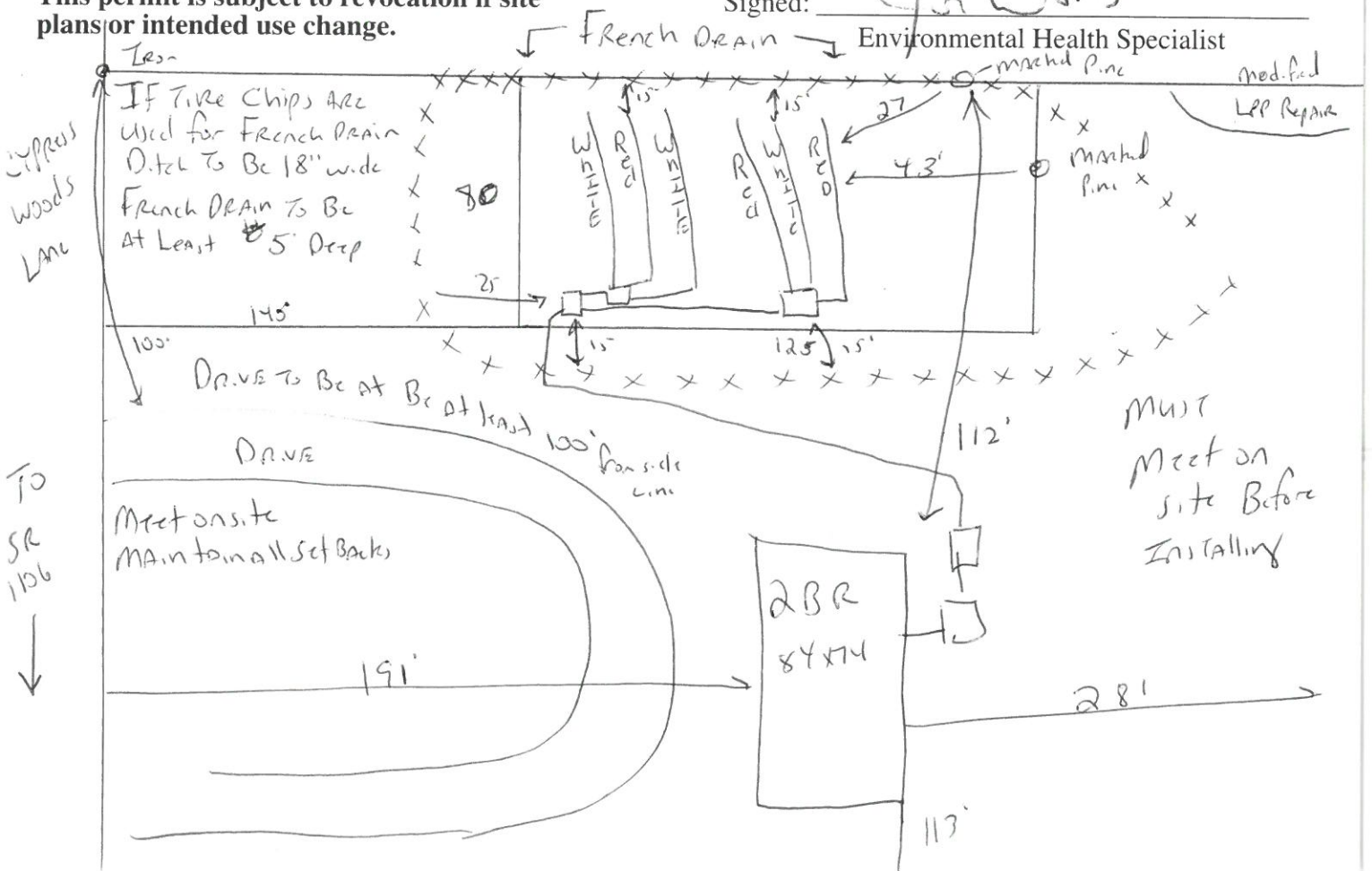
Subsurface Drainage Field No. of 6 exact length 60 width of 3 depth of 12 max
 ditches of each ditch 60 ft. ditches 3 ft. ditches 12 in.

French Drain Required: _____ Linear feet

Date: 01-29-04

Signed: J. L. WRS

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



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 # 21070. 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 Wayne Hines Telephone# _____

Address _____

Property Location SR# _____
Subdivision Cypress Walk Lot # 5 # Bedrooms Proposed 2 (37474) Road Name _____ Lot Size 4.4 AC

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other Pump to ultra-shallow
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 10 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 01 # of lines per field 6 Length of lines 60 Ft.
Width of ditches 3 ft. Depth of ditches 12 msa 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 01-29-04