

00-011385

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) Mike Ray New Installation Septic Tank
Property Location: SR# Old US421 Repairs Nitrification Line

Subdivision Peach Farm Lot # 30

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Three Lot Size: _____

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 _____

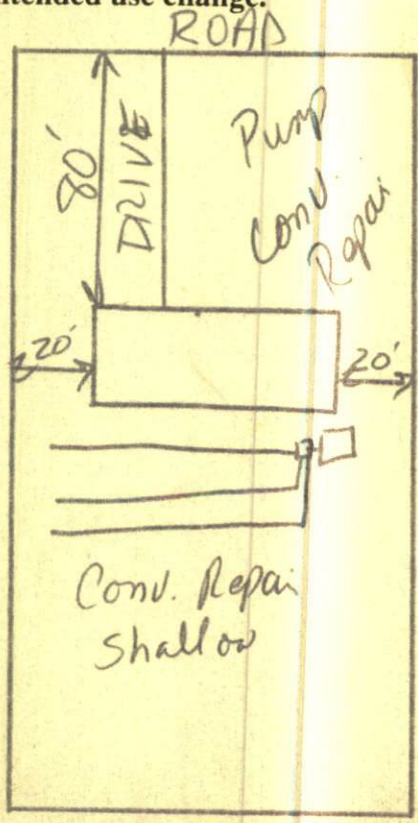
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of 3 exact length 80 width of 3 depth of 18 max
ditches of each ditch ft. ditches ft. ditches in.

French Drain Required: _____ Linear feet

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

Date: 22 May 2000
Signed: Vencent R. [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 # 17864. 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.

Owner or Authorized Agent _____
Name: Mike Ray Telephone # 893-2246
Address: 3417 Spring Hill Church Rd. Lillington, NC
Property Location: SR # Old US 421 Road Name Old US 421
New Installation Repair _____ Septic Tank _____ Nitrification Lines _____
Subdivision Peach Farm Ct. IV Lot # 30
Number of Bedrooms Proposed: Three Lot size: _____
Basement _____ With Plumbing _____ Without Plumbing _____
Water Supply: Well _____ Public Minimum Well Setback: 50 ft.
Type of System: Conventional Other _____
Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons
Nitrification Field Specifications
Number of fields 1 Number of Lines per Field 3 Length of lines 80
Width of ditches 3 ft. Depth of ditches 18 max 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.

Authorized Agent for Harnett County Health Department
Name: Vernest R. [Signature] Date: 22 May 2000