

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) Nellie McLean New Installation Septic Tank
Property Location: SR# 2042 Rayner McLean Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # 12-0556-0079 Quadrant # 0556-15-0112

Number of Bedrooms Proposed: TWO 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 Polystyrene Aggregate Trench ^{IWUS-953R}

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

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 12 in.

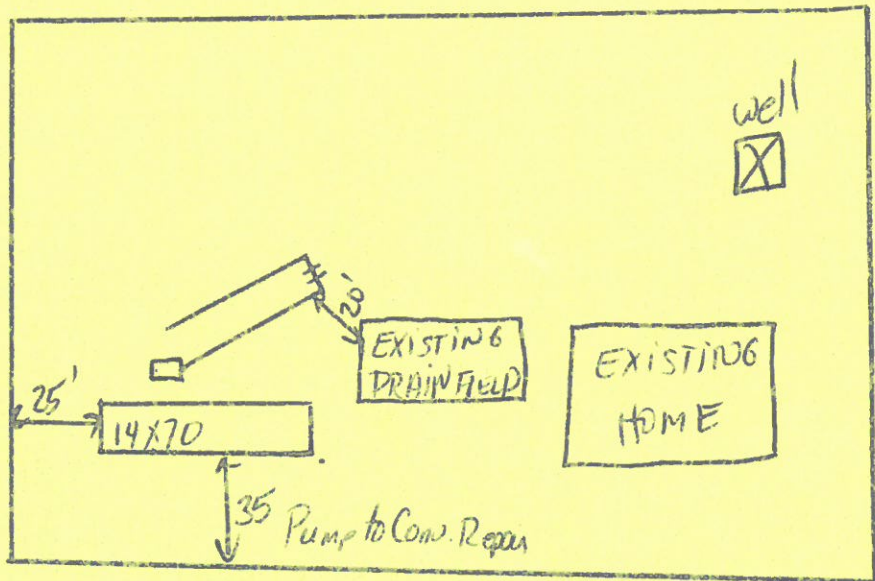
French Drain Required: _____ Linear feet 6" cover required.

Date: 29 February 2000

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

Signed: Vincent R. Wolfe
Environmental Health Specialist

DAVID



maintain setbacks
& markers & after required.

Rayner McLamb Road.

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 # 17151. 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: Nellie McLean Telephone # 893-8236
Address: PO Box 182 Burnsville, NC
Property Location: SR # 2042 Road Name Raynor McLean
New Installation Repair _____ Septic Tank Nitrification Lines
Subdivision _____ Lot # _____
Number of Bedrooms Proposed: TWO Lot size: _____
Basement _____ With Plumbing _____ Without Plumbing _____
Water Supply: Well _____ Public Minimum Well Setback: 50 ft.
Type of System: Conventional _____ Other Polystyrene Aggregate French
Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 100 feet
Width of ditches 3 ft. Depth of ditches 12 inches 6" covers required
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: [Signature] Date: 29 Feb 2000