

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) Dary Lynch New Installation Septic Tank
Property Location: SR# 1562 CHIC ENNIS Repairs Nitrification Line

Subdivision Summerfield Lot # 4

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .57

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 LEE-222 LAY I WWS-55-3R

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

Subsurface Drainage Field No. of ditches 7 exact length of each ditch 225 ft. width of ditches 3 ft. depth of ditches 18-24 in.

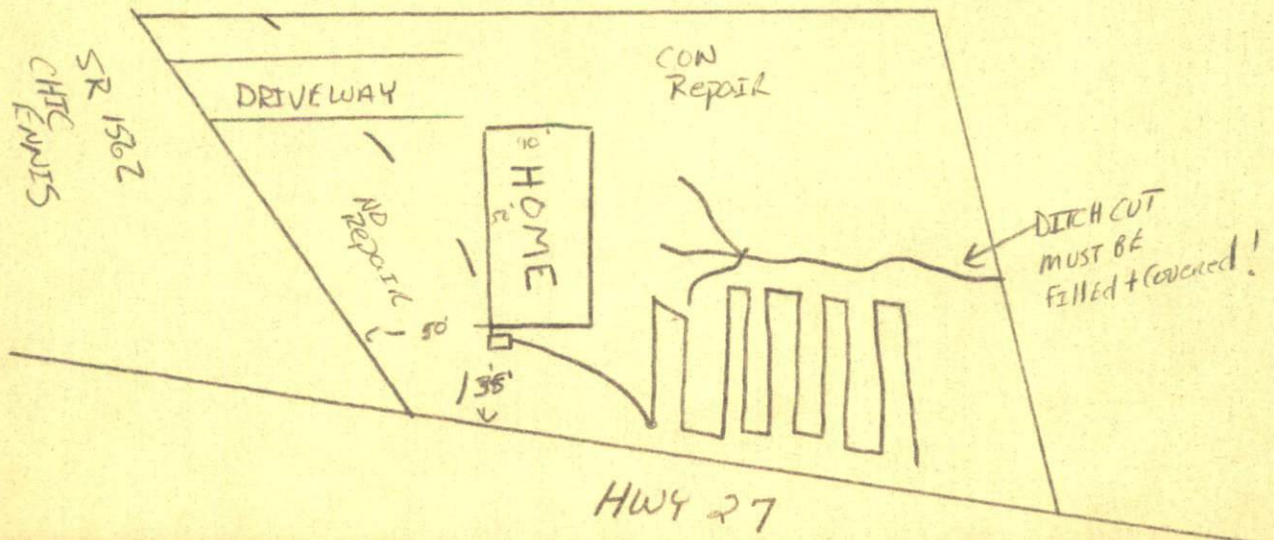
French Drain Required: — Linear feet

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

Date: 9-1-00
Signed: James E. Manshart III R.S.
Environmental Health Specialist

* Contractor to MEET ON SITE PRIOR to INSTALLATION.

* Maintain all retrackers!
* OWNER TO fill any Eroded DITCHES WITH SOIL prior to Installation of system, do NOT MOVE ANY EXISTING SOIL on lot to fill. SOIL WILL NEED to be BROUGHT IN.



HARRNETT 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 # 17472. 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: Bary Lynch Telephone # 919-553-3187

Address: P.O. Box 1542 Clayton N.C.

Property Location: SR # 1562 Road Name Chic Ennis

New Installation Repair Septic Tank Nitrification Lines

Subdivision Summerfield Lot # 4

Number of Bedrooms Proposed: 3 Lot size: .57

Basement With Plumbing Without Plumbing

Water Supply: Well Public Minimum Well Setback: 50' ft.

Type of System: Conventional Other FFE-222 Lay INWS-95-3R

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 2 Number of Lines per Field 1 Length of lines 225

Width of ditches 3 ft. Depth of ditches 18-24 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: James E. Marshall Date: 9-1-00