

#03-5-5297

HARNETT COUNTY HEALTH DEPARTMENT IMPROVEMENT PERMIT

No 15526

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) Lewis C Bayles New Installation Septic Tank
Property Location: SR# 1769 OLD STAGE Repairs Nitrification Line

Subdivision _____ Lot # A,B,C,D

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 Lot Size: 22.04

Basement with Plumbing: Garage:

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 _____

Size of tank: Septic Tank: 1200 gallons Pump Tank: _____ gallons

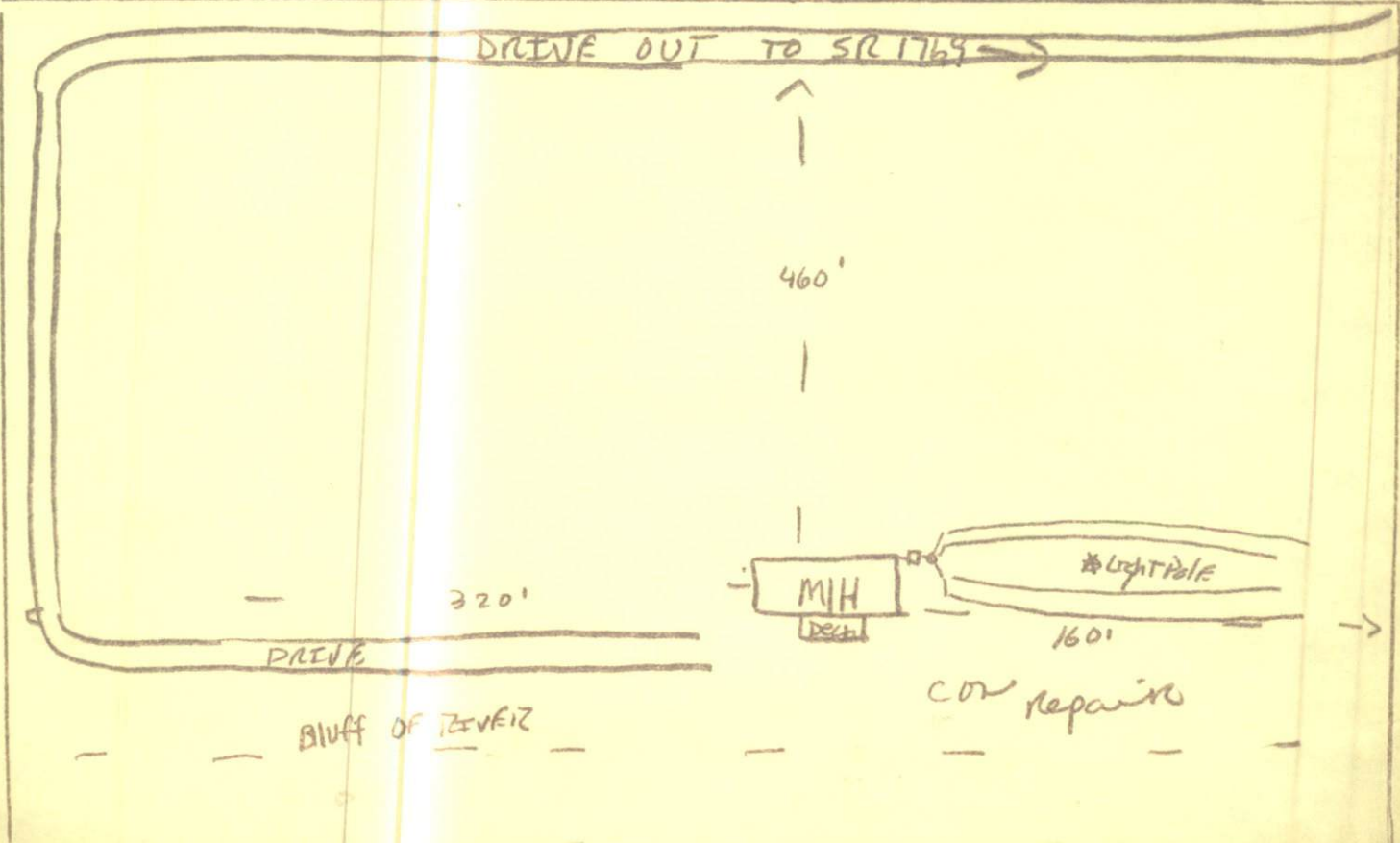
Subsurface Drainage Field No. of ditches 4 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 24 in.

French Drain Required: - Linear feet

Date: 9-18-02

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

Signed: James E. Markhart
Environmental Health Specialist



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HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 15526. 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 Lewis C Bayles Telephone # 910-897-5261

Address 113 Holmes St Erwin N.C. 28335

Property Location SR# 1769 Road Name OLD STAGE

Subdivision - Lot # A, B, C, D # Bedrooms Proposed 4 Lot size 22 acres

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other _____ Basement With Plumbing Without Plumbing

Water Supply: Well Public - Minimum Well Setback: _____ Ft.
Septic Tank 1200 Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 2 # of lines per field 4 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 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.

Signature of Authorized Agent for Harnett County James E. Marshall Date 9-18-02