

IMPROVEMENT PERMIT

03-5-6877

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) Frank Srednicki New Installation Septic Tank
 Property Location: SR# 1115 Repairs Nitrification Line
125 Peacock Lane
 Subdivision Buffalo Lakes Lot # 213

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (27x65) Lot Size: .36 AC

Basement with Plumbing: Garage: Due To Age of Lot - Recorded 1971 - NO Repair Area Required
 Water Supply: Well Public Community And Lines can go within 5' of Property Line
 Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

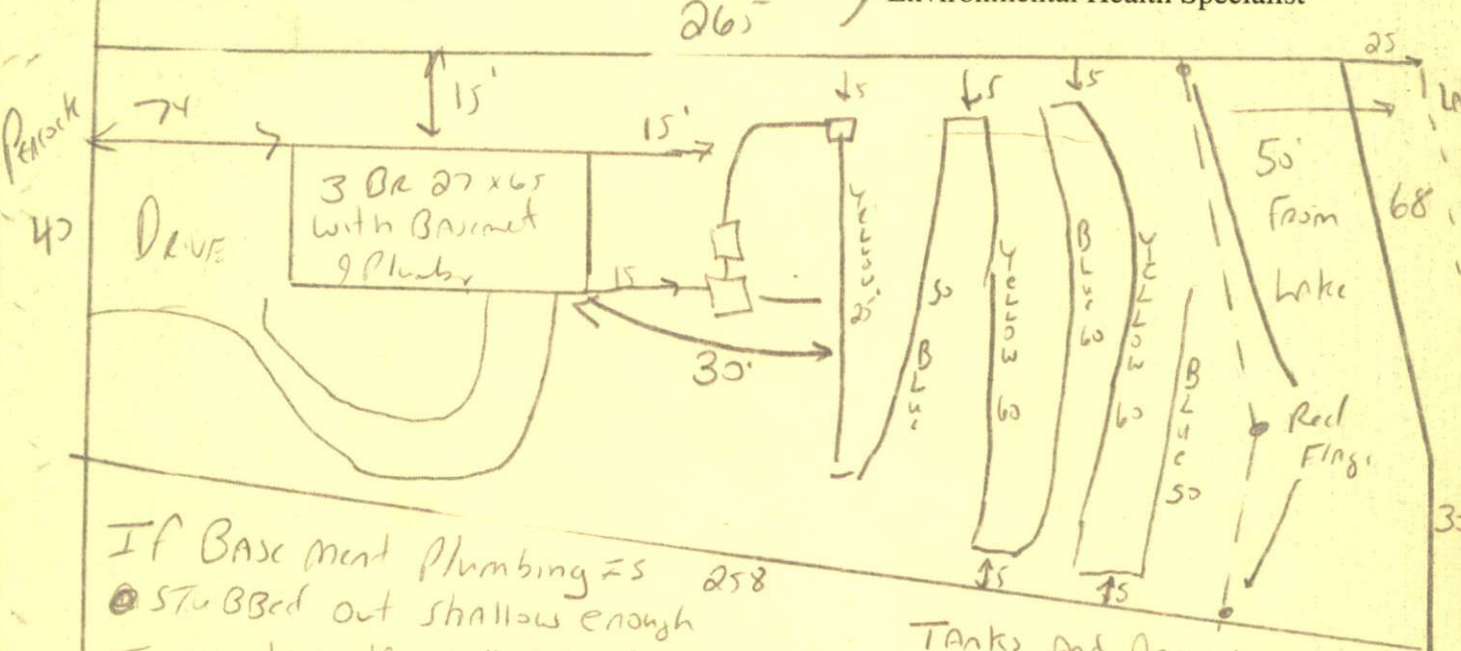
Type of system: Conventional Other Pump to Conventional
 Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons

Subsurface No. of exact length width of depth of
 Drainage Field ditches 1 of each ditch 280 ft. ditches 3 ft. ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 5.6.23
 Signed: J. LAR
 Environmental Health Specialist

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



IF BASEMENT PLUMBING IS 258
 STUBBED OUT SHALLOW ENOUGH
 TO MAINTAIN 18 TO 24" DITCH DEPTHS
 THEN PUMP WILL NOT BE REQUIRED
 MUST MEET ON SITE BEFORE INSTALLING
 SEPTIC SYSTEM

TANKS AND DRAIN LINES
 MUST BE 15' FROM HOUSE WITH
 BASEMENT KEEP LINE 50'
 FROM LAKE MAINTAIN ALL
 SET BACKS DO NOT DRIVE OR
 PARK ON SEPTIC SYSTEM

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 # 20038. 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.

Frank Sednichi

Name _____ Telephone# _____

Address _____

1115

Property Location SR# _____ Road Name _____

Bald Lakes 213 3 (27x65) 36Ac
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

New Installation Repair Septic Tank Nitrification Lines

Conventional Other Pump to Conv.

Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: _____ Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 280 Ft.

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.

[Signature]

Signature of Authorized Agent for Harnett County of Harnett

5-6-03

Date