

02-5-4798

HARNETT COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

No 15284

OPERATIONS PERMIT

Name: (owner) SHERRY DARRIGAN

New Installation

Septic Tank

Property Location: SR# 2045 ELLIOT BRIDGE RD

Repairs

Nitrification Line

Subdivision _____

Lot # _____

TAX ID# _____

Quadrant # _____

Contractor: OTIS STRICKLAND

Registration # _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 100 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other PUMP TO CONVENTIONAL

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

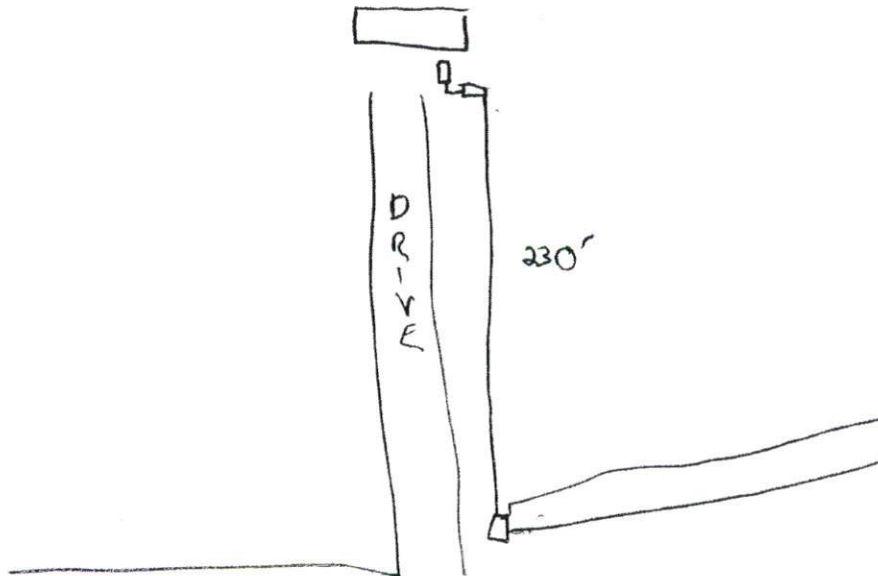
Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain: _____ Linear feet

PERMIT NO. 19504

Date: 7/23/02

Inspected by: [Signature]
Environmental Health Specialist



02-5-4798

HARNETT COUNTY HEALTH DEPARTMENT

No 19504

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) SHERY S. DARRIGAN

New Installation Septic Tank

Property Location: SR# 2045 ELLIOT BRIDGE RD

Repairs Nitrification Line

Subdivision _____ Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 14.85 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community NONE STATED

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 PUMP TO CONVENTIONAL

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

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 1/11/02

Signed: _____

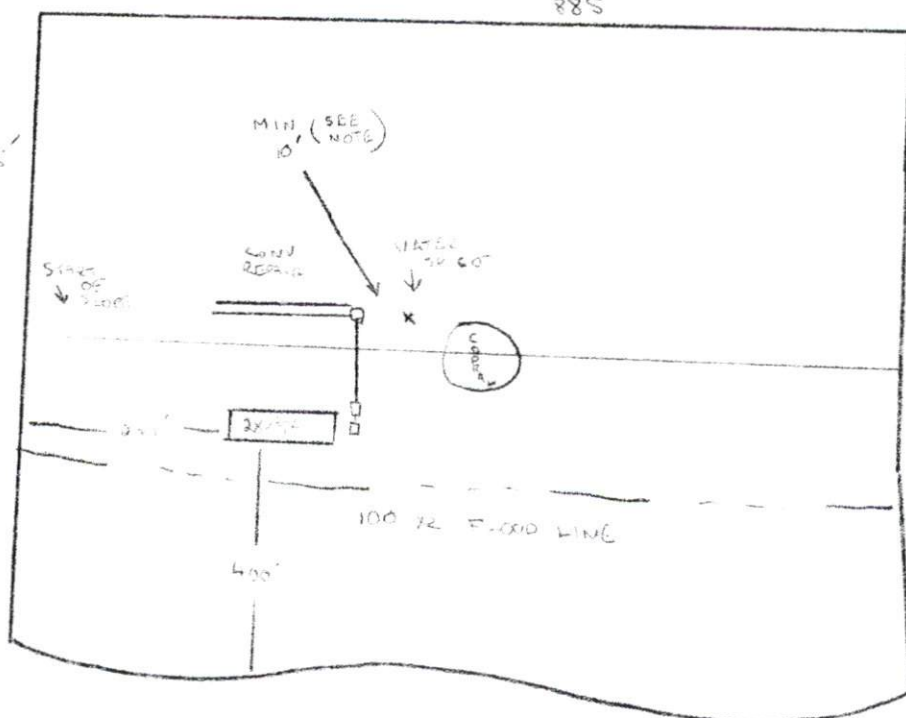
Environmental Health Specialist

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

* MAINTAIN ALL SETBACKS
IF WATER LINE RUNS PAST SPICOT IT MUST BE LOCATED AND SETBACK MAINTAINED

* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION

* DO NOT DRIVE OR PARK ON SYSTEM



DRAWING NOTED

SR 2045

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 # 19504. 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 SHERRY S. DARRIGAN Telephone # 436-2455

Address 8443 ELLIOTT BRIDGE RD SPRING LAKE NC 28390

Property Location SR# 2045 ELLIOTT BRIDGE RD Road Name _____

Subdivision _____ Lot # 2 # Bedrooms Proposed 3 Lot size 14.85 AC

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

[] Conventional Other Pump To Conv. [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well [] Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 75 Ft.

Width of ditches 3 ft. Depth of ditches 18 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 [Signature] Date 6/11/02