

00-50000905

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) Mike Ray New Installation Septic Tank
 Property Location: SR# 2035 Repairs Nitrification Line

Subdivision Stockyard Rd. Estates Lot # 5

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: Three 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 _____

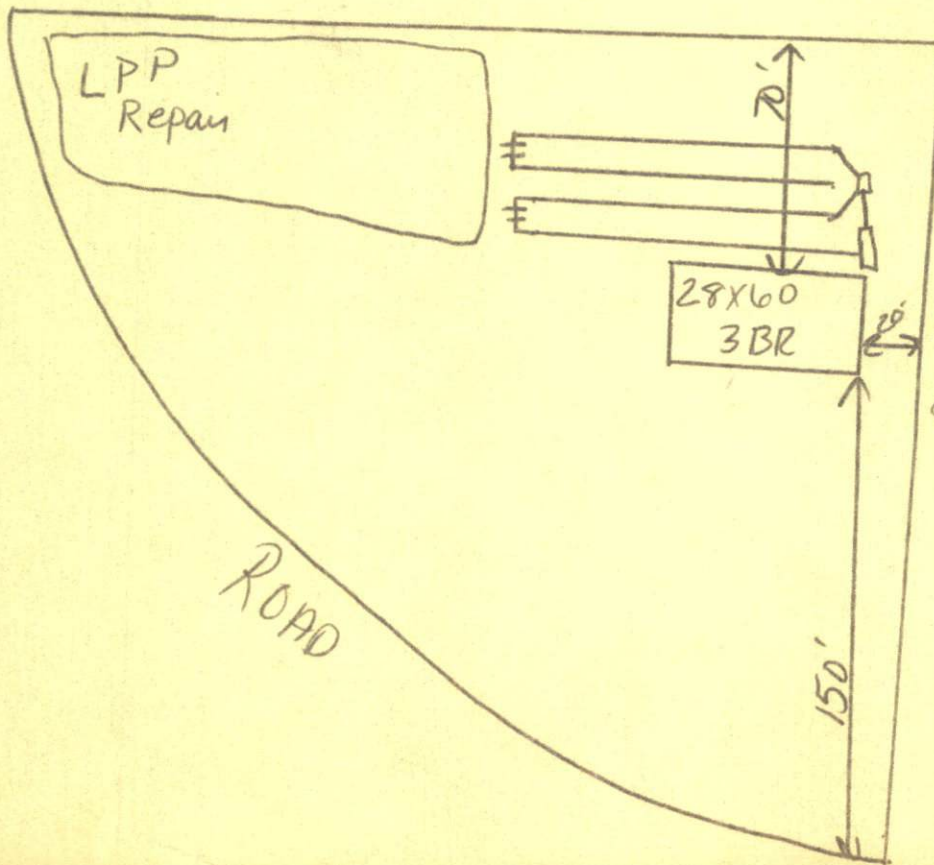
Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface No. of 2 exact length 200 width of 13 depth of 18 max
 Drainage Field ditches of each ditch ft. ditches ft. ditches in.

French Drain Required: _____ Linear feet

Date: 29 Dec 2000
 Signed: Vernon R. Hodges, Jr.
 Environmental Health Specialist

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



set tank shallow enough to achieve fall on pumps will be required
 & maintain setbacks & install on contours

I NETT COUNTY HEALTH DEPA MENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16820. 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: Mike Ray Telephone # 893-2246

Address: 3417 Spring Hill Church Rd. Lillington, NC

Property Location: SR # 2035 Road Name Stockyard

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Stockyard Estates Lot # 5

Number of Bedrooms Proposed: Three Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 200 feet

Width of ditches 3 ft. Depth of ditches 18 max 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: Vincent R. Doherty, R.S. Date: 29 Dec 2000