

IMPROVEMENT PERMIT

00-50000949

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
Property Location: SR# 1106
New Installation
Septic Tank
Repairs
Nitrification Line

Subdivision LONGHORN EST. Lot # 25

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 (28 x 80) Lot Size: 0.78 AC

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

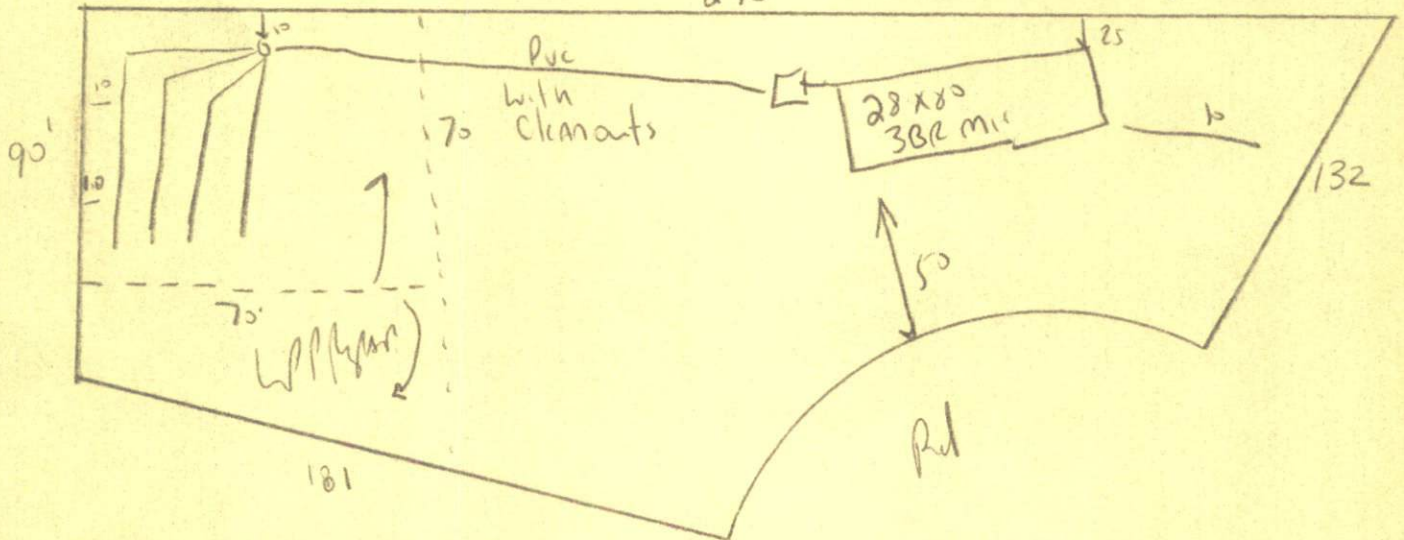
Subsurface Drainage Field No. of Ditches: 4 exact length of each ditch: 50 ft. width of ditches: 3 ft. depth of ditches: 18 in.

French Drain Required: Linear feet

Date: 01-08-01

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

Signed: J. W. ... Environmental Health Specialist



Meet onsite
18" Ditch Depths
Maintain All Set Backs
DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

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 # 17022. 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 Mike Ray

Name: _____ Telephone # _____

Address: _____

Property Location: SR# 1106 Road Name _____

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Longhorn Est Lot # 25

Number of Bedrooms Proposed: 3(28x80) Lot size: 0.78 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ 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 4 Length of lines 5

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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 01-08-01