

02-5-3749

HARNETT COUNTY HEALTH DEPARTMENT

No 18981

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) JAY GERTZ New Installation Septic Tank
Property Location: SR# 1121 RAY RD Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .50AC

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

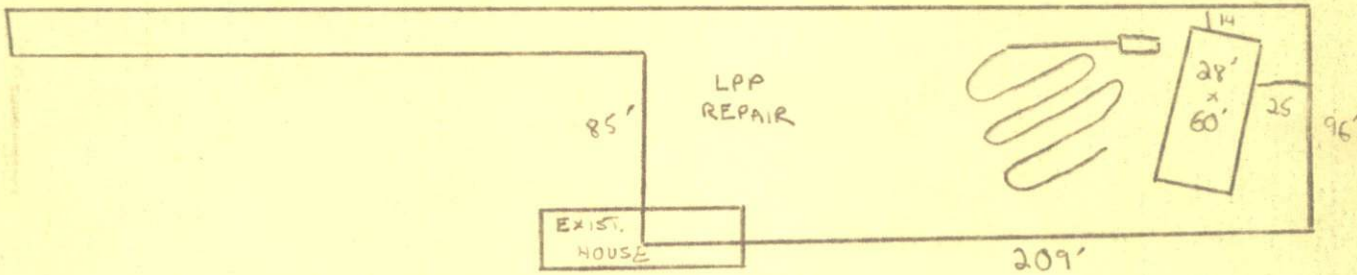
Subsurface No. of exact length width of depth of
Drainage Field ditches 1 of each ditch 300 ft. ditches 3 ft. ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 3/8/02

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

Signed: [Signature]
Environmental Health Specialist



* MAINTAIN ALL SETBACKS

* MEET ON SITE PRIOR TO INSTALLATION

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 # 18981. 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.

JAY GRITZ 910-436-2465
Name Telephone #

152 RUBY CLARA LN SPRING LAKE NC 28390
Address

1121 RAY RD. _____
Property Location SR# Road Name

Subdivision _____ Lot # 3 # Bedrooms Proposed _____ Lot size .50AC

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

Conventional Other _____

[] Basement [] With Plumbing [] Without Plumbing

Water Supply: Well [] Public - Minimum Well Setback: 50 Ft.

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 300 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] 3/7/02
Signature of Authorized Agent for Harnett County Date