

02-5-4520

HARNETT COUNTY HEALTH DEPARTMENT

No 19132

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) LEXIE M. NEAL
Property Location: SR# 2047 HAYES RD
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision AMY LEE Lot # 2

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: 1.87 ACS

Basement with Plumbing: Garage:

Water Supply: Well, Public, Community

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

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

Subsurface Drainage Field: No. of ditches 4, exact length of each ditch 75 ft., width of ditches 3 ft., depth of ditches 18 in.

French Drain Required: Linear feet

Date: 4/30/02

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

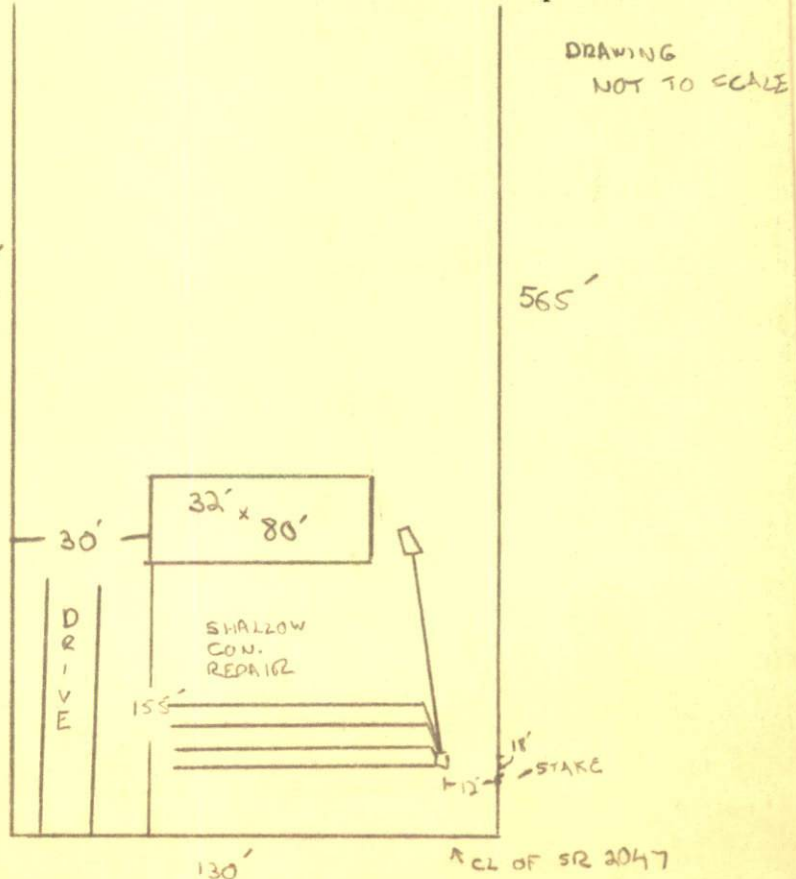
Signed: Environmental Health Specialist

- * MAINTAIN ALL SETBACKS
* IF FALL CANNOT BE MAINTAINED A PUMP WILL BE REQUIRED
* CALL BEFORE INSTALLATION

DRAWING NOT TO SCALE

542'

565'



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 # 19132. 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.*

LEXIE M. NEAL 910-436-2729
Name Telephone #
5331 OVERHILLS RD SPRING LAKE NC 28390
Address
2047 HAYES RD
Property Location SR# Road Name
AMY LEE 2 3 1.87AC
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair Septic Tank Nitrification Lines

Conventional Other _____ [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.


NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 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 Date 4/30/02