

03-5-6930

HARNETT COUNTY HEALTH DEPARTMENT

No 20077

IM. ROVEMENT 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) LEWIS, LARRY MICHAEL☐ New Installation☐ Septic TankProperty Location: SR# 2052 RAYNOR RD☐ Repairs☐ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.0 ACBasement with Plumbing: ☐ Garage: ☐Water Supply: ☒ Well ☐ Public ☐ CommunityDistance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

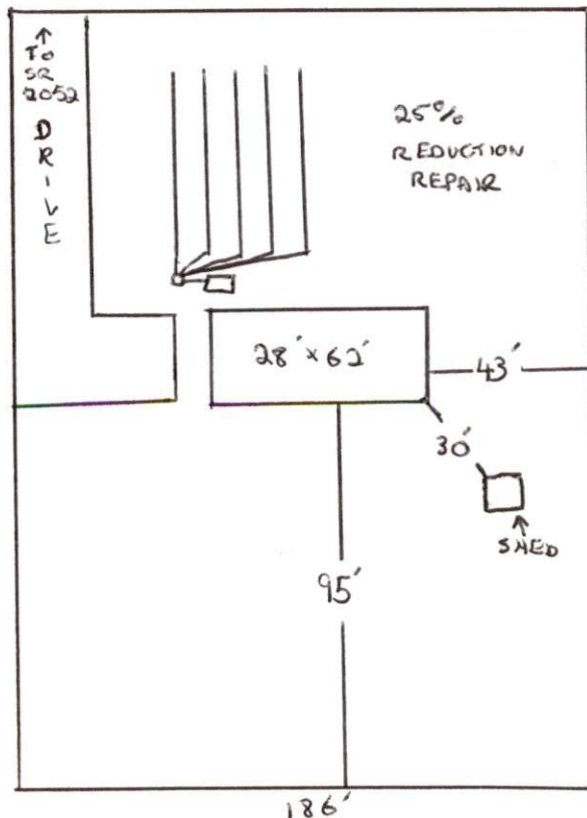
Type of system: ☒ Conventional ☐ Other _____Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface No. of exact length width of depth of
Drainage Field ditches 5 of each ditch 70 ft. ditches 3 ft. ditches 18-24 in.

French Drain Required: _____ Linear feet

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

Date: 5/8/03Signed: [Signature] (OLIVER TOLKSAORE)
Environmental Health Specialist

* MAINTAIN ALL SETBACKS

* CALL WITH ANY QUESTIONS
PRIOR TO INSTALLATIONDRAWING
NTS

**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 # 20077. 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.*

LEWIS LARRY MICHAEL 910-423-2812
Name Telephone#

225 AUBURN ST. FAYETTEVILLE NC 28306
Address

2052 RAYNOR _____
Property Location SR# Road Name

Subdivision _____ Lot # 3 # Bedrooms Proposed 1.0 AC Lot Size

TYPE OF SYSTEM

☒ New Installation ☐ Repair ☒ Septic Tank ☒ Nitrification Lines

☒ Conventional ☐ Other _____

☐ Basement ☐ With Plumbing ☐ Without Plumbing

Water Supply: ☒ Well ☐ Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 70 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.

RS
Signature of Authorized Agent for Harnett County of Harnett

5/8/03

Date