

03-5-5094

REVISION

HARNETT COUNTY HEALTH DEPARTMENT

No 19801

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) McLain, Tracy
Property Location: SR# 1122 McKay Dr.
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision TWIN LAKES SEC 1A Lot # 3

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: .47 AC

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 25% REDUCTION SYSTEM

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

Subsurface Drainage Field: No. of ditches 5, exact length of each ditch 60 ft., width of ditches 3 ft., depth of ditches 18 in.

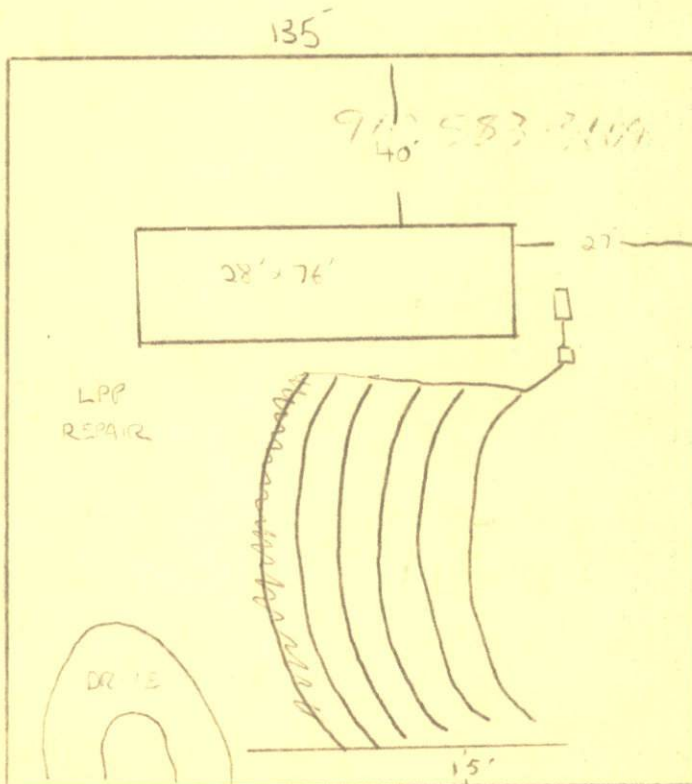
French Drain Required: Linear feet

Date: 11/5/02

Signed: Environmental Health Specialist

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

* MAINTAIN ALL SETBACKS (NOTICE FRONT SETBACK)
* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



DRAWING NTS

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HARNETT COUNTY HEALTH DEPARTMENT
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19801. 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.

TRACY McCRAIN 960-8960
Name Telephone #
1248 LAUREL CIRCLE SPRING LAKE NC 28390
Address
1122 MCKAY DR
Property Location SR# Road Name
TWIN LAKES SEC 1A 3 3 47 AC
Subdivision Lot # # Bedrooms Proposed Lot size

TYPE OF SYSTEM

New Installation [] Repair [] Septic Tank Nitrification Lines
[] Conventional Other 25% Red. Sys. [] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well Public - Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber _____

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 5 Length of lines 60 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] 11/5/02
Signature of Authorized Agent for Harnett County Date