

HTE 04-5-9792

# 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) MIKE RAY  New Installation  Septic Tank  
 Property Location: SR# 1291 OLO US421  Repairs  Nitrification Line

Subdivision MAMIE BELL RIDGE Lot # 57

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 Lot Size: .56 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 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 30 in.

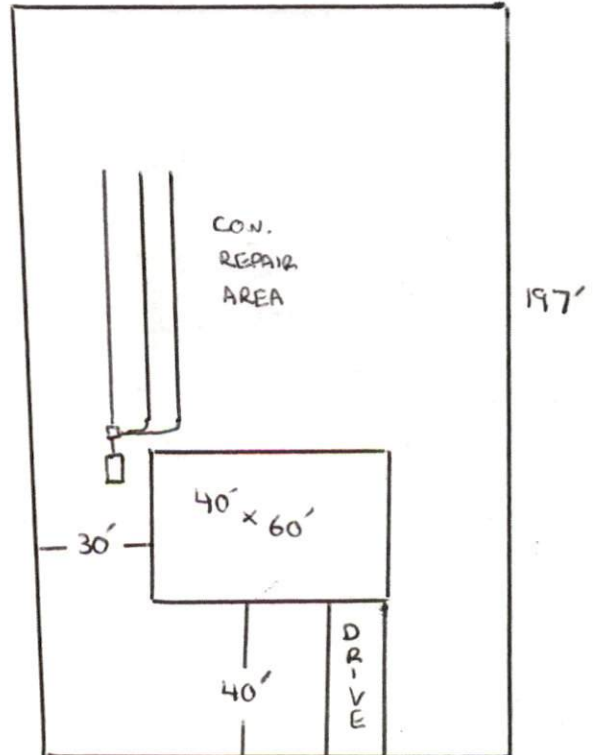
French Drain Required: \_\_\_\_\_ Linear feet

Date: 7/19/04

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

Signed: [Signature] RS (OLIVER TOLKSOORF)  
 Environmental Health Specialist  
 128'

- \* MAINTAIN ALL SETBACKS
- \* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20934. 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.*

MIKE RAY 499-8382  
Name Telephone #

3417 SPRING HILL CH RD. LILLINGTON NC 27546  
Address

1291 OLD US 421  
Property Location SR# Road Name

MAMIE BELL RIDGE 57 3 .56 AC  
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 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 3 Length of lines 70 Ft.

Width of ditches 3 ft. Depth of ditches 30 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]  
Signature of Authorized Agent for Harnett County

7/19/04  
Date