

HTE 04-5-9915

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 Old US42 Repairs Nitrification Line

Subdivision MAMIE BELL RIDGE Lot # 44

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .98AC

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 PUMP TO CONVENTIONAL w/ MAN-A-TEE DISTRIBUTION

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

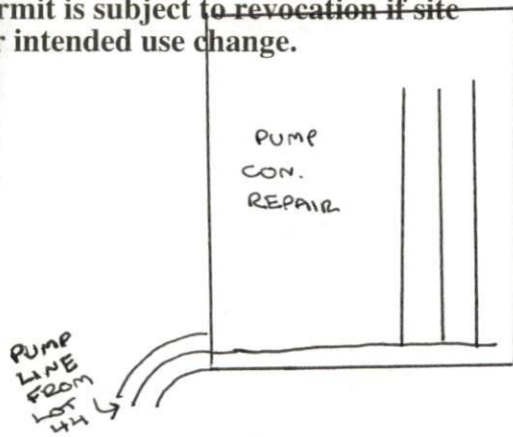
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 18-30 in.

French Drain Required: _____ Linear feet

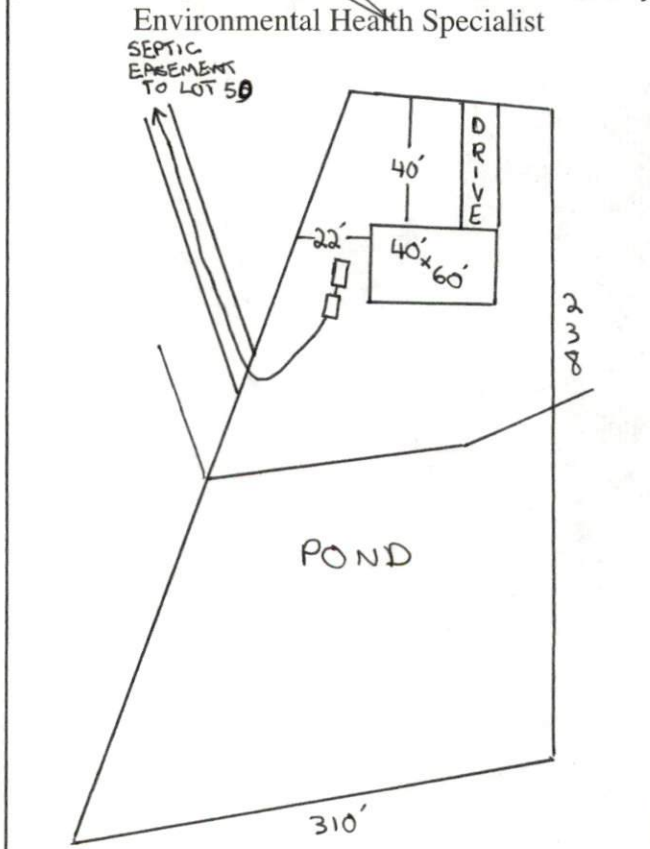
Date: 7/22/04

Signed: [Signature] ES (OLIVER TOLKSOFF)

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



- * PLACE SYSTEM IN EASEMENT RECORDED ON SUBDIVISION MAP
- * PUMP SPECS - 23 gpm @ 3' TDH
- * MAN-A-TEE SPECS - 3 1/2" SCH 40 VALVES 2' PRESSURE HEAD
- * 73 gallons per dose
- * 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 # 20941. 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 CHURCH RD LILLINGTON NC 27546
Address

1291 Old US 421
Property Location SR# Road Name

MAMIE BELL RIDGE 44 3 .98ac
Subdivision Lot # # Bedrooms Proposed Lot Size

TYPE OF SYSTEM

- New Installation [] Repair Septic Tank Nitrification Lines
[] Conventional Other PUMP TO CONVENTIONAL W/ MAN-A-TEE DISTRIBUTION
[] Basement [] With Plumbing [] Without Plumbing

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

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 18-30 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] ns
Signature of Authorized Agent for Harnett County

7/22/04
Date