

HTE 04-50010961

IMPROVEMENT PERMIT

21431

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
Property Location: SR# 1291 OLO US421
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision MAMIE BELL RIDGE Lot # 28

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: .77ac

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, exact length of each ditch, width of ditches, depth of ditches

French Drain Required: Linear feet

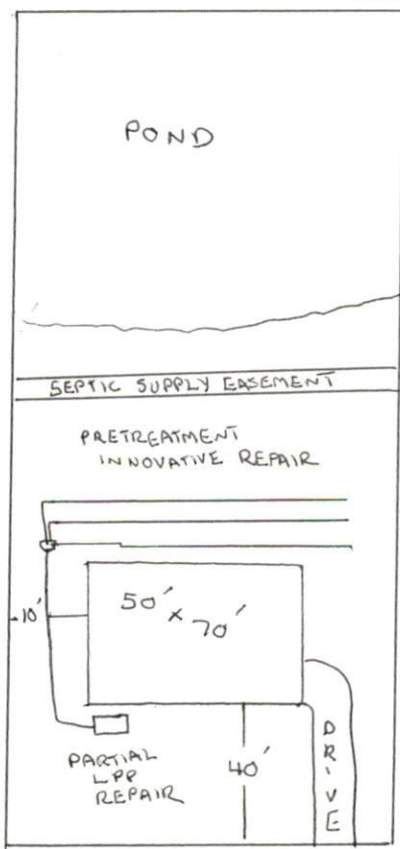
Date: 12/16/04

Signed: [Signature] Environmental Health Specialist

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

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

DRAWING NTS



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 21431. 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.*

Name MIKE RAY Telephone # 499-8382

Address 3417 SPRING HILL CHURCH RD

Property Location SR# 1291 OLD US421 Road Name _____

Subdivision MAMIE BELL RIDGE Lot # 28 # Bedrooms Proposed 3 Lot Size .77 AC

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

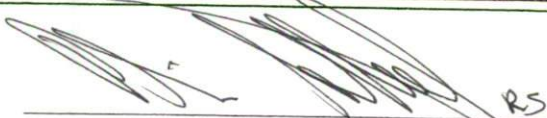
NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 20 Ft.

Width of ditches 3 ft. Depth of ditches 18-26 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

12/16/04
Date