

HARNETT COUNTY HEALTH DEPARTMENT

HTE 05-50011233

IMPROVEMENT PERMIT

21674

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 # 21

Tax ID # Quadrant #

Number of Bedrooms Proposed: 3 Lot Size: .58AC

Basement with Plumbing: Garage: [X]

Water Supply: [X] 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: [X] Conventional [] Other

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

Subsurface Drainage Field: No. of ditches 4, exact length of each ditch 70 ft., width of ditches 3 ft., depth of ditches 18 in.

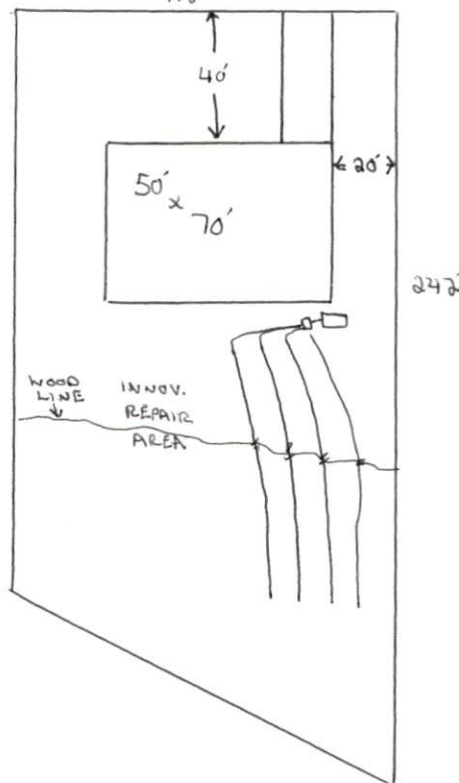
French Drain Required: Linear feet

Date: 2/18/05

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



**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 # 21674. 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 Name 499-8382 Telephone #

3417 SPRING HILL CH RD LILLINGTON NC 27546 Address

1291 OLOUS421 Property Location SR# _____ Road Name

MAMIE BELL RIDGE Subdivision 21 Lot # 3 # Bedrooms Proposed .58 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: 100 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

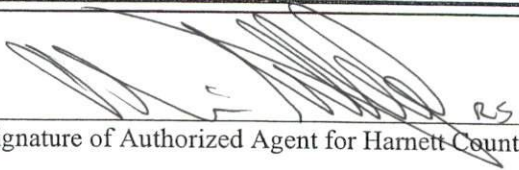
NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 70 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 of Authorized Agent for Harnett County 2/18/05 Date