

HTE 05-5001287

IMPROVEMENT PERMIT

22068

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 Old USA 21
New Installation [X]
Repairs [ ]
Septic Tank [X]
Nitrification Line [X]

Subdivision MAMIE BELL RIDGE Lot # 9

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

Number of Bedrooms Proposed: 3 Lot Size: .67

Basement with Plumbing: [ ] Garage: [X]

Water Supply: [ ] Well [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 3 exact length of each ditch 70 ft. width of ditches 3 ft. depth of ditches 24 in.

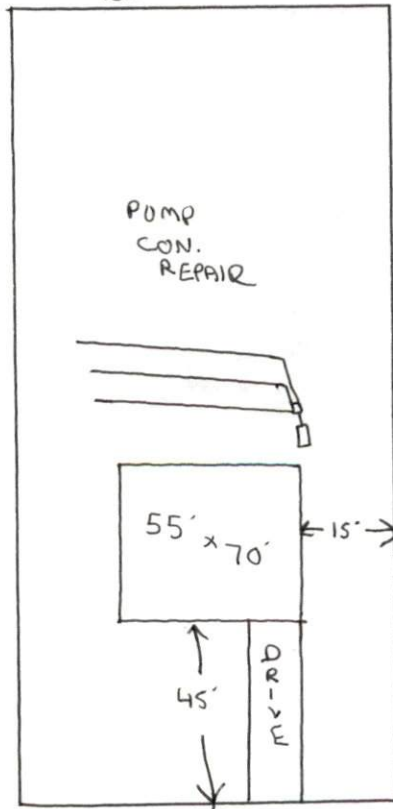
French Drain Required: \_\_\_\_\_ Linear feet

Date: 6/17/05

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 # 22068. 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 # 919-499-8382

Address 3417 SPRING HILL C.M. RD. LILLINGTON NC 27546

Property Location SR# 1291 OLD 05421 Road Name \_\_\_\_\_

Subdivision MAMIE BELL RIDGE Lot # 9 # Bedrooms Proposed 3 Lot Size .62ac

**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 3 Length of lines 70 Ft.

Width of ditches 3 ft. Depth of ditches 24 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.

 RS  
Signature of Authorized Agent for Harnett County

6/17/05  
Date