

HTE# 06-5-1400

IMPROVEMENT PERMIT 22804

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) JOEY & DENISE LEE New Installation Septic Tank Repair

Property Location: SR# 2042 RAYNOR McLANE RD Nitrification Line Expansion

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (360 sq ft) Lot Size: 36.54 AC

Basement with Plumbing: Garage:

Water Supply: Well 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: Conventional Other _____

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

Subsurface No. of EXISTING FIELD width of depth of
Drainage Field ditches _____ ft. of each ditch _____ ft. ditches _____ ft. ditches _____ in.

French Drain Required: _____ Linear feet

Date: 2/24/06
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

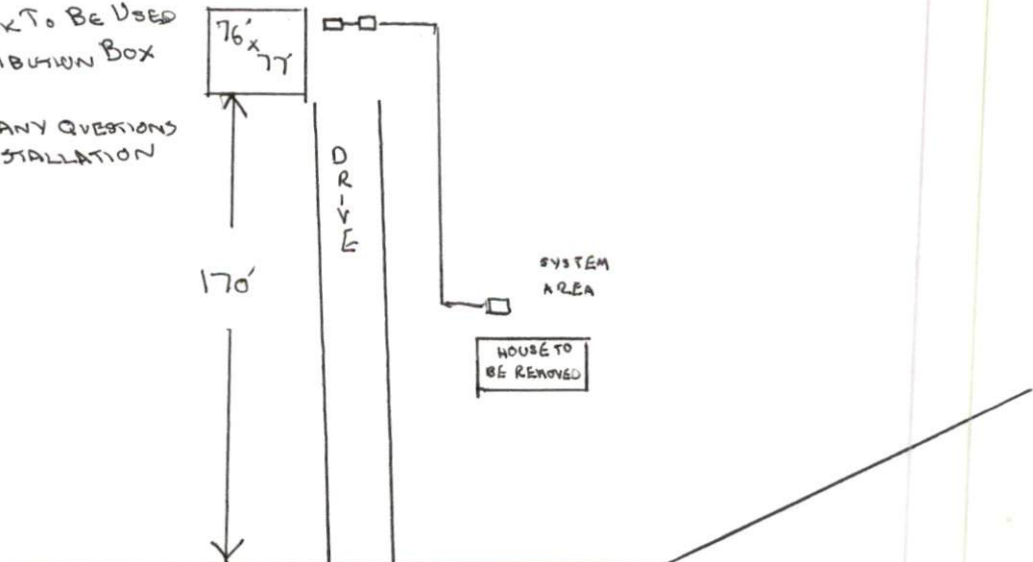
This permit is subject to revocation if site plans or intended use change.

Signed: [Signature] RS (OLIVER TOLSCOPE)
Environmental Health Specialist

* NEW SEPTIC TANK & PUMP TANK
MAY BE PLACED ANYWHERE AROUND
NEW HOUSE

* EXISTING TANK TO BE USED
AS A DISTRIBUTION BOX

* CALL WITH ANY QUESTIONS
PRIOR TO INSTALLATION



SR2042

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 # 22804. 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.*

JOEY & DENISE LEE 893-6774
Name Telephone #

2200 RAYNOR McLAMB RD LINDEN NC 28356
Address

2042 RAYNOR McLAMB RD
Property Location SR# Road Name

3 (360 sq ft) 36.54 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: 100 Ft.

Septic Tank 1000 gal Pump Chamber 1000 gal

NITRIFICATION FIELD SPECIFICATIONS

EXISTING FIELD
Number of fields _____ # of lines per field _____ Length of lines _____ Ft.

Width of ditches _____ ft. Depth of ditches _____ 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

2/24/05
Date

1875

1876

1877

1878

1879

1880

1881

1882