

IMPROVEMENT PERMIT

00-011649

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) Randy & Jill Lee☒ New Installation ☒ Septic TankProperty Location: SR# 2045 Elliot Bridge☐ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # 01-0536-0046-(split) Quadrant # 0536-56-6516Number of Bedrooms Proposed: Three Lot Size: _____Basement with Plumbing: ☐Garage: ☒ (21'x23')Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

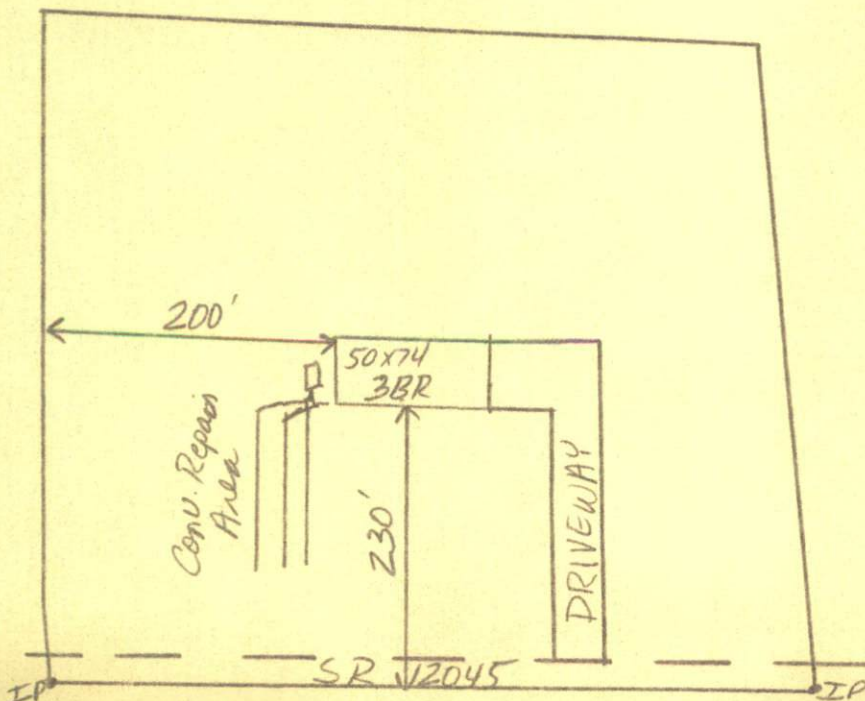
Type of system: ☒ Conventional ☐ Other _____Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallonsSubsurface Drainage Field No. of 3 exact length 100 ft. width of 3 ft. depth of 18 in.

French Drain Required: _____ Linear feet

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

Date: 02, January 2001
 Signed: Vernon P. R. R. S.
 Environmental Health Specialist

*maintain setbacks
 & install on contour*



HARNETT COUNTY HEALTH DEPARTMENT
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16823. 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.

Owner or Authorized Agent _____

Name: Randy & Jill Lee Telephone # 893-6875

Address: 2606 Elliott Bridge Rd. Bunnlevel NC

Property Location: SR # 2045 Road Name Elliott Bridge

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: Three Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public ☒ Minimum Well Setback: 50 ft.

Type of System: Conventional ☒ Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 3 Length of lines 100 feet

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.

Authorized Agent for Harnett County Health Department

Name: Vernon R. S. S. Date: 02 Jan 2001