

03-5-6101

HAMILTON COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SECTION

No 16130

OPERATIONS PERMIT

Name: (owner) JERRY GREGORY New Installation Septic Tank
 Property Location: SR# 1412 CHRISTIAN LIGHT RD Repairs Nitrification Line
 Subdivision _____ Lot # 2
 TAX ID# _____ Quadrant # _____
 Contractor: JOHNNY JONES Registration # _____

Basement with Plumbing: Garage:
 Water Supply: Well Public Community
 Distance From Well: 100 ft.

Following are the specifications for the sewage disposal system on above captioned property.

Type of system: Conventional Other _____
 Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons
 Subsurface Drainage Field: No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 24-30 in.
 French Drain: _____ Linear feet

PERMIT NO. 19700

Date: 8/27/03
 Inspected by: [Signature]
 Environmental Health Specialist



03-5-6101

IMPROVEMENT PERMIT

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) JERRY DWAYNE GREGORY New Installation Septic Tank
Property Location: SR# 1412 CHRISTIAN LIGHT RD Repairs Nitrification Line

Subdivision _____ Lot # 2

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: 1 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: _____ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 38 in. ^{SEE BELOW}

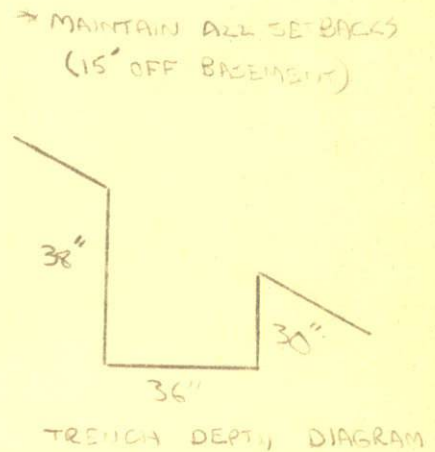
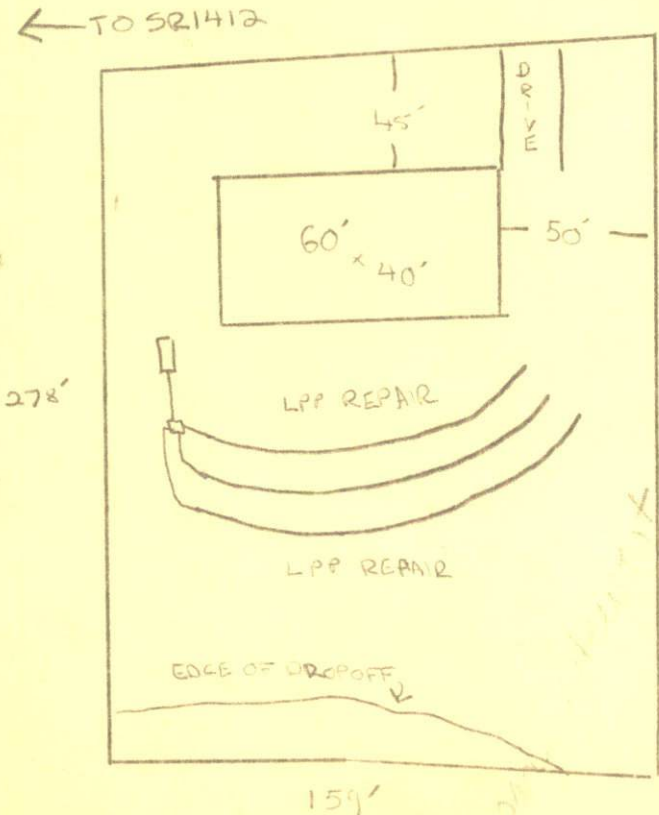
French Drain Required: _____ Linear feet

Date: 12/30/02

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

Signed: RS (OLIVER TOLSONOFF)
Environmental Health Specialist

DRAWING NTS



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 # 19700. 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.*

JERRY DWAYNE GREGORY 919-552-0659
Name Telephone#

4107 CHRISTIAN LIGHT RD FUGUAY VARINA NC 27526
Address

1412 CHRISTIAN LIGHT RD
Property Location SR# Road Name

Subdivision Lot # # Bedrooms Proposed Lot Size
2 3 2.00 ACRES

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 _____

NITIRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 100 Ft.

Width of ditches 3 ft. Depth of ditches 30-38 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 of Harnett

12/30/02
Date