

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) Michael Dellinger New Installation Septic Tank
 Property Location: SR# 1273 Holly Springs Ch. Rd Repairs Nitrification Line
1/4 mile from intersection SR 1273, SR 1265, & SR 1266

Subdivision N/A Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: _____ Lot Size: 1.02 Ac.

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 min 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 1 exact length of each ditch 300 ft. width of ditches 3 ft. depth of ditches 18.24 in.

French Drain required: _____ Linear feet

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

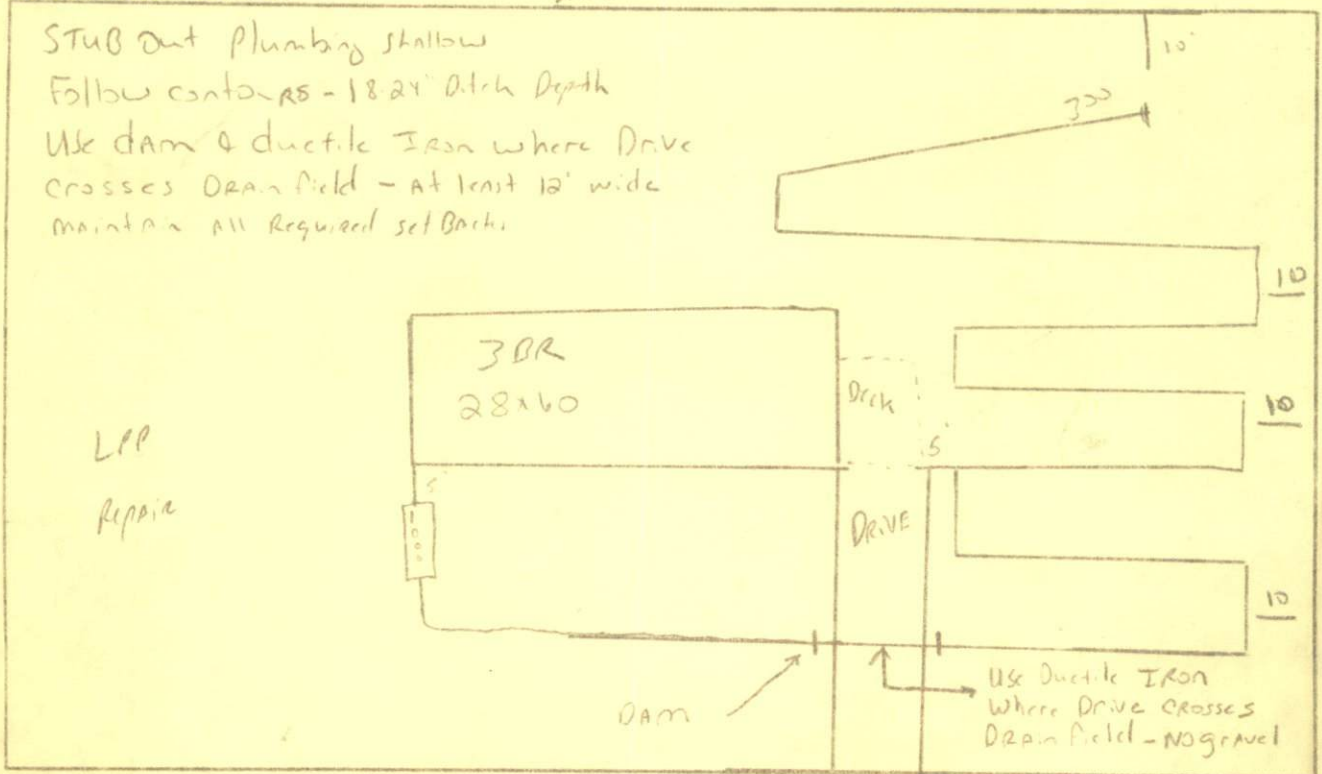
Date: 3-14-96

Signed: Joe W. A. R.

Environmental Health Specialist

VOID AFTER 5 YEARS

209



185

LPP
 Repair

← To SR 1273

35' max. A R

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 09620. This authorization shall be valid for period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership plans, or intended use change.

Owner or Authorized Agent Michael Dellinger

Name: _____ Telephone # 499-0713

Address: P.O. Box 395 Broadway NC 27505

Property Location: SR# 1273 Road Name Holly Springs Ch. Rd

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 Lot Size: 1.02 Ac.

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public

Minimum Well Setback: 50' min ft.

Type of System: Conventional Other _____

Tank Volumes: Septic Tank 1000 gallons, Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines Per Field 1 Length of Lines 300

Width of Ditches 3 ft. Depth of ditches 18.24 inches

Each Drain: Linear feet required _____ Depth of gravel _____

The 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 of Harnett County Health Department

Name: Joe W. R. Date: 3-14-94