

HTE _____

IMPROVEMENT PERMIT

21998

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) Willie L Elliott New Installation Septic Tank
 Property Location: SR# Ray Rd Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 (360 gal) existing Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance 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: _____ gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 4 exact length of each ditch 50 ft. width of ditches 3 ft. depth of ditches 24-36 in.

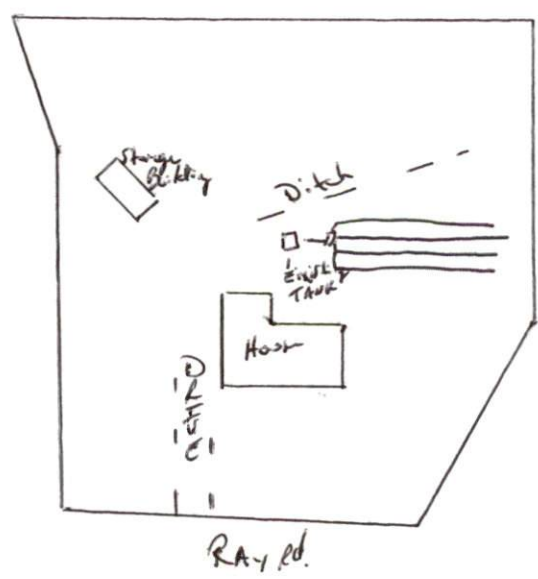
French Drain Required: _____ Linear feet

Date: 9/18/2005

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

Signed: Bryan McSwain R.S.
 Environmental Health Specialist

* Maintain all setbacks
 * If sanitary "T" needs to be replaced, replace with new "T"



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 # 21998. 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 Willie R Elliott Telephone # 436 6106

Address 223 Ray Rd. Spring Lake, N.C. 28390

Property Location SR# 1121 Road Name Ray

Subdivision _____ Lot # _____ # Bedrooms Proposed 3 (360 sq ft) 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: _____ Ft.
- Septic Tank Existing gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 4 Length of lines 50 Ft.
 Width of ditches 3 ft. Depth of ditches 24.36 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.

Bruce McSwain, Jr.
Signature of Authorized Agent for Harnett County

9/8/2005
Date