

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".

Hand-drawn site plan showing a proposed area with dimensions and labels. The plan includes a "PROPOSED AREA" label, a "450'" dimension, a "285'" dimension, a "50'" dimension, and a "95' from white line of Rd" dimension. It also shows a "43R DWY MH" structure, a "1200 GAL" tank, and a "50'" dimension from the yellow line of Rd.

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 # 08700. 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 Larry Elliott

Name: Larry Elliott Telephone # 893-9153

Address: 5105 Ray Rd Spring Lake NC

Property Location: SR# 1121 Road Name Ray Rd

New Installation ☒ Repair ☐ Septic Tank ☒ Nitrification Lines ☒

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 4 Lot Size: 2.03 AC

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public ☒

Minimum Well Setback: 50' min ft.

Type of System: Conventional ☒ Other _____

Tank Volume: Septic Tank 1200 gallons, Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines Per Field 3 Length of Lines 100

Width of Ditches 3 ft. Depth of ditches 18-24 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 of Harnett County Health Department

Name: Joe W. R. Date: 12-5-95

see conditions of permit.