

# HARNETT COUNTY HEALTH DEPARTMENT

HTE# REPAIR

## IMPROVEMENT PERMIT 22491

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) ROBERT H. LEE New Installation ☒ Septic Tank ☒ Repair ☒

Property Location: SR# ARCHIE ST Nitrification Line ☒ Expansion ☐

Subdivision ANDERSON CREEK MHP Lot # 59

Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 3 (2nd) Lot Size: 100' x 200'

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 PUMP TO CONVENTIONAL

Size of tank: Septic Tank: EXISTING gallons Pump Tank: 1000 gallons

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

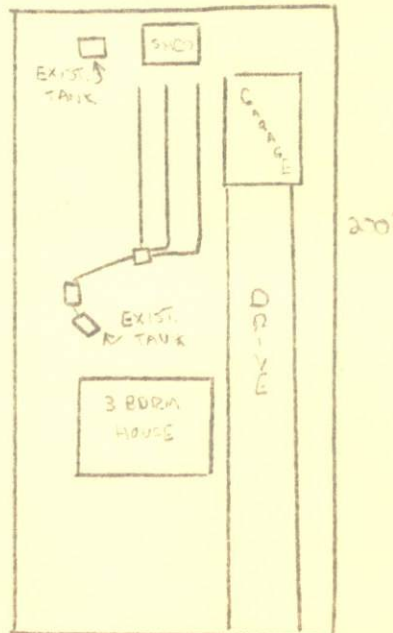
French Drain Required: \_\_\_\_\_ Linear feet

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

Date: 1/27/06  
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

Signed: [Signature] Environmental Health Specialist

- \* MAINTAIN ALL RECORDS
- \* CALL WITHIN 24 HOURS AND PRIOR TO INSTALLATION
- \* REPLACE TANK SEPTIC TANK



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 # 22491. 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 ROBERT LEE Telephone # 497-1722  
Address 405 ARCHIE ST. SPRING LAKE NC 28390  
Property Location SR# ARCHIE ST Road Name  
Subdivision ANDERSON CK MHP Lot # 59 # Bedrooms 3 (360 sq ft) Lot Size 100' x 200'

**TYPE OF SYSTEM**

☐ New Installation ☒ Repair ☐ Septic Tank ☐ Nitrification Lines  
☐ Conventional ☒ Other PUMP TO CONVENTIONAL  
☐ Basement ☐ With Plumbing ☐ Without Plumbing

Water Supply: ☒ Well ☐ Public Water Supply Minimum Well Setback: 100 Ft.

Septic Tank EXISTING gal Pump Chamber 1000 gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 3 Length of lines 50 Ft.

Width of ditches 3 ft. Depth of ditches 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.

Signature of Authorized Agent for Harnett County

1/27/06  
Date