

HARNETT COUNTY HEALTH DEPARTMENT

HTE REPAIR

IMPROVEMENT PERMIT

21414

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) JOHN FINGER ☐ New Installation ☒ Septic Tank
Property Location: SR# 2042 RAYNOR McLAMB RD ☒ Repairs ☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms ~~Proposed~~: 3 Lot Size: .71 AC

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: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 2 exact length of each ditch 150 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

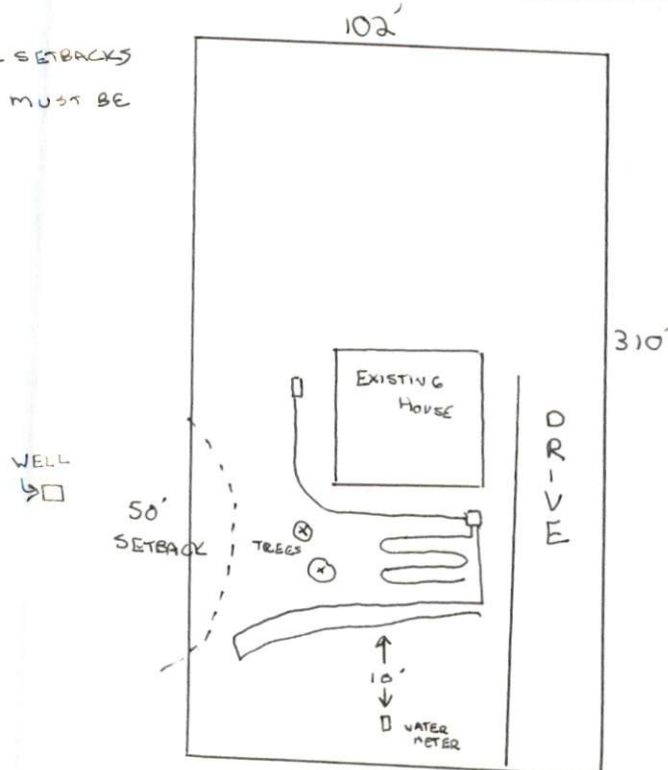
Date: 11/8/04

Signed: [Signature] (CLIVER TOLKSCOFF)

Environmental Health Specialist

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

* MAINTAIN ALL SETBACKS
* WATER LINE MUST BE MOVED



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22414. 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.*

JOHN FINGER 893-6393
Name Telephone #

PO Box 334 BUNNLEVEL NC 28323
Address

2042 RAYNOR-MCLANE RD
Property Location SR# Road Name

3 .71 ac
Subdivision Lot # # Bedrooms Proposed 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: 50 Ft.

Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 150 Ft.

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.

[Signature]
Signature of Authorized Agent for Harnett County

1/2/04

Date