HARNETT COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT

№ 16681

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) **Mike Ray**

☑ New Installation ☑ Septic Tank

Property Location: SR# **1265**

☐ Repairs ☑ Nitrification Line

Subdivision **Mason Hill** Lot # **28**

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: **Three** 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.
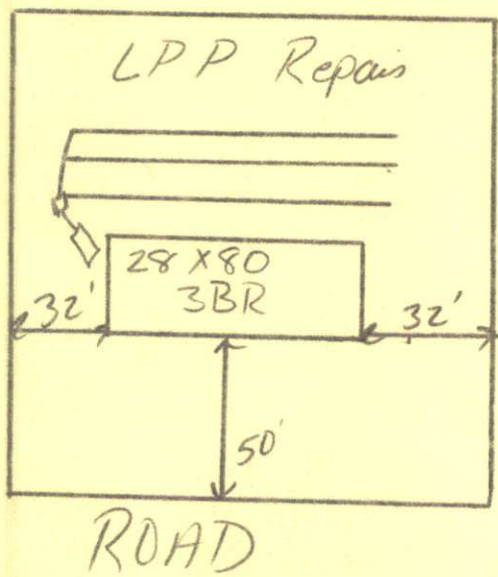
Type of system: ☑ Conventional ☐ Other _____

Size of tank: Septic Tank: **1000** gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches **3** exact length of each ditch **100** ft. width of ditches **3** ft. depth of ditches **18** in.

French Drain Required: _____ Linear feet

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

Date: **14 Feb 2000**

Signed: *Vernest R. Dodge*

Environmental Health Specialist

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 # _____16681_____. 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 _____

Name: _____Mike Ray_____ Telephone # _893-2246_

Address: _3417 Spring Hill Church Rd. Lillington, NC_

Property Location: SR # _____1265_____ Road Name _E. Cool Spring_

New Installation __X__ Repair _____ Septic Tank __X__ Nitrification Lines __X__

Subdivision _____Mason Hill_____ Lot # ___28___

Number of Bedrooms Proposed: _Three_ Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public __X__ Minimum Well Setback: _50_ ft.

Type of System: Conventional _1000_ Other _____

Tank Volume: Septic Tank _1000_ gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields _1_ Number of Lines per Field _3_ Length of lines _100 feet_

Width of ditches _3_ ft. Depth of ditches _18_ 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 for Harnett County Health Department

Name: _____Vernest R Dole_____ Date: _14 Feb 2006_

(Revised 2/96)CNSTRCT.WPD