

011242

# IMPROVEMENT PERMIT

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# 1245  Repairs  Nitrification Line

Subdivision Mason Hill Lot # 30

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 \_\_\_\_\_

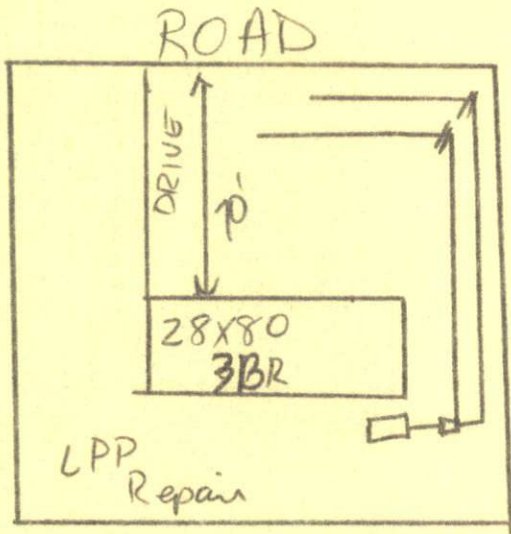
Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

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

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

Date: 28 April 2009  
Signed: Vernon R. Dole  
Environmental Health Specialist

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



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 # 17199. 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 Ch. Rd. Lillington, NC

Property Location: SR # 1265 Road Name Cool Springs

New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines

Subdivision Mason Hill Lot # 30

Number of Bedrooms Proposed: Three Lot size: \_\_\_\_\_

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: \_\_\_\_\_ ft.

Type of System: Conventional  Other \_\_\_\_\_

Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 150

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: Vincent R. [Signature] Date: 28 April 2000

(Revised 2/96)CNSTRCT.WPD