HARNETT COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT

₁₀ 17854

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 # _34_

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.
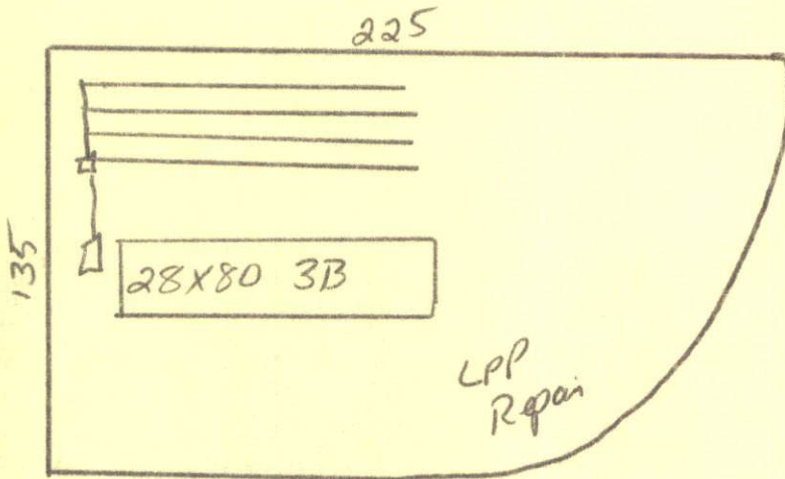
Type of system: ☒ Conventional ☐ Other _____

Size of tank: Septic Tank: _1000_ gallons Pump Tank: _____ gallons

Subsurface Drainage Field: No. of ditches _4_ exact length of each ditch _100_ ft. width of ditches _3_ ft. depth of ditches _18_ in.

French Drain Required: _____ Linear feet

Date: _022 May 2000_

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

Signed: _Vincent R. Day_
Environmental Health Specialist

225

135

28X80 3B

LPP
Repair

HARNETT COUNTY HEALTH DEPARTMENT
AUTH   IZATION TO CONS'   UCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # __17854__ . 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 Spring__

New Installation __X__ Repair _____ Septic Tank __X__ Nitrification Lines __X__

Subdivision __Mason Hill__   Lot # __34__

Number of Bedrooms Proposed: __Three__   Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

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

Type of System: Conventional __X__ Other _____

Tank Volume: Septic Tank __1000__ gallons   Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields __1__   Number of Lines per Field __4__   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: __Vencent R. D___   Date: __22 May 2000__

(Revised 2/96)CNSTRCT.WPD