

Land Use
011272

HARNETT COUNTY HEALTH DEPARTMENT

No 16685

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# 1265 Repairs Nitrification Line

Subdivision Mason Hill Lot # 40

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

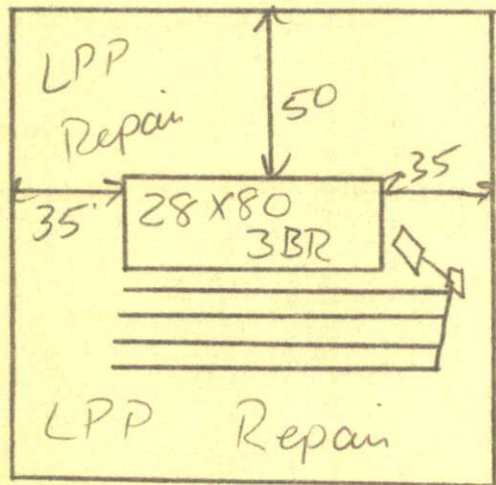
Subsurface Drainage Field No. of 4 exact length 100 width of 3 depth of 12
ditches of each ditch 100 ft. ditches 3 ft. ditches _____ in.

French Drain Required: _____ Linear feet 6" cover required

Date: 14 Feb 2000

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

Signed: Vernon H. [Signature]
Environmental Health Specialist



6" cover required
12" ditches

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 # 16685. 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 Springs Hill Church Rd. Lillington, NC
Property Location: SR # 1265 Road Name E. Cool Spring
New Installation Repair _____ Septic Tank Nitrification Lines
Subdivision Mason Hill Lot # 40

Number of Bedrooms Proposed: Three Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public 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 4 Length of lines 100 feet
Width of ditches 3 ft. Depth of ditches 12 inches 6" cover required

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: Vernon R. Dodge Date: 14 Feb 2000