00-40000436

HARNETT COUNTY HEALTH DEPARTMENT

# IMPROVEMENT PERMIT

№ 17317

**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) Jeff Lynn ☒ New Installation ☒ Septic Tank

Property Location: SR# 2064 ☐ Repairs ☒ Nitrification Line

Anderson Creek School Rd. to top of hill on right - 1on driveway

Subdivision Jeff Lynn Lot # —

Tax ID # 01-0528-0008 Quadrant # 0526-61-7624

Number of Bedrooms Proposed: TWO 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 Polystyrene Aggregate Trench (WWS-95-3)

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

Subsurface Drainage Field: No. of ditches 2 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18 MAX in.

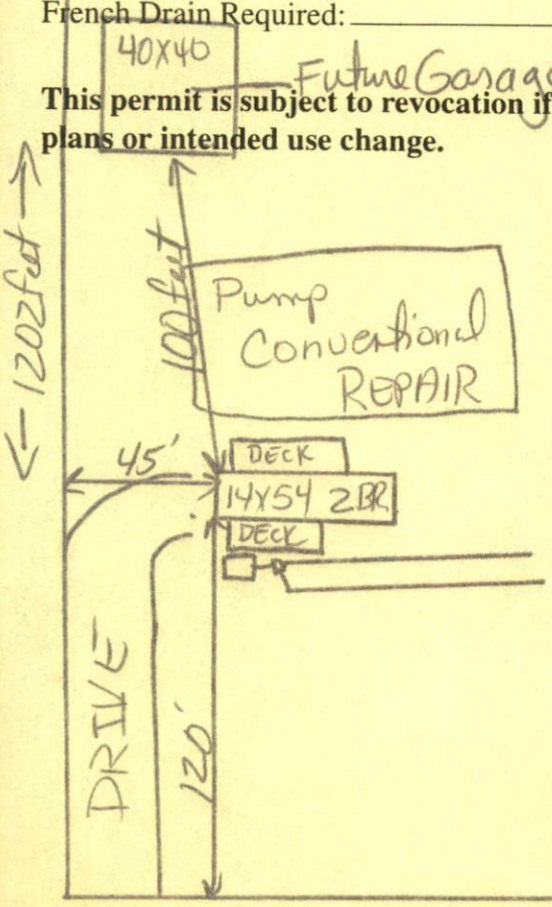
French Drain Required: _____ Linear feet

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

Date: 07 July 2000

Signed: Vincent K Dodge

Environmental Health Specialist




1" = 60 feet

* meet on-site prior to installation
* Home must be moved back 15 feet (up hill) to accomodate deck & set backs.

# 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 # 17317. 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:** Jeff Lynn **Telephone #** 497-4480

**Address:** 85 Ann Creek St Spring Lake, NC

**Property Location: SR #** 2064 **Road Name** Anderson Creek School

**New Installation** X **Repair** _____ **Septic Tank** X **Nitrification Lines** X

**Subdivision** _____ **Lot #** _____

**Number of Bedrooms Proposed:** TWO **Lot size:** 12.04 acres

**Basement** _____ **With Plumbing** _____ **Without Plumbing** _____

**Water Supply: Well** X **Public** _____ **Minimum Well Setback:** 50 **ft.**

**Type of System: Conventional** _____ **Other** X Polystyrene Aggregate Trench IWWS-95-3R

**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** 80 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:** Vincent R. Hardy **Date:** 7 July 2000

(Revised 2/96)CNSTRCT.WPD