

00-011401

HARNETT COUNTY HEALTH DEPARTMENT

No 17872

# 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# Old US 1421

Repairs  Nitrification Line

Subdivision Peach Farm 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 \_\_\_\_\_

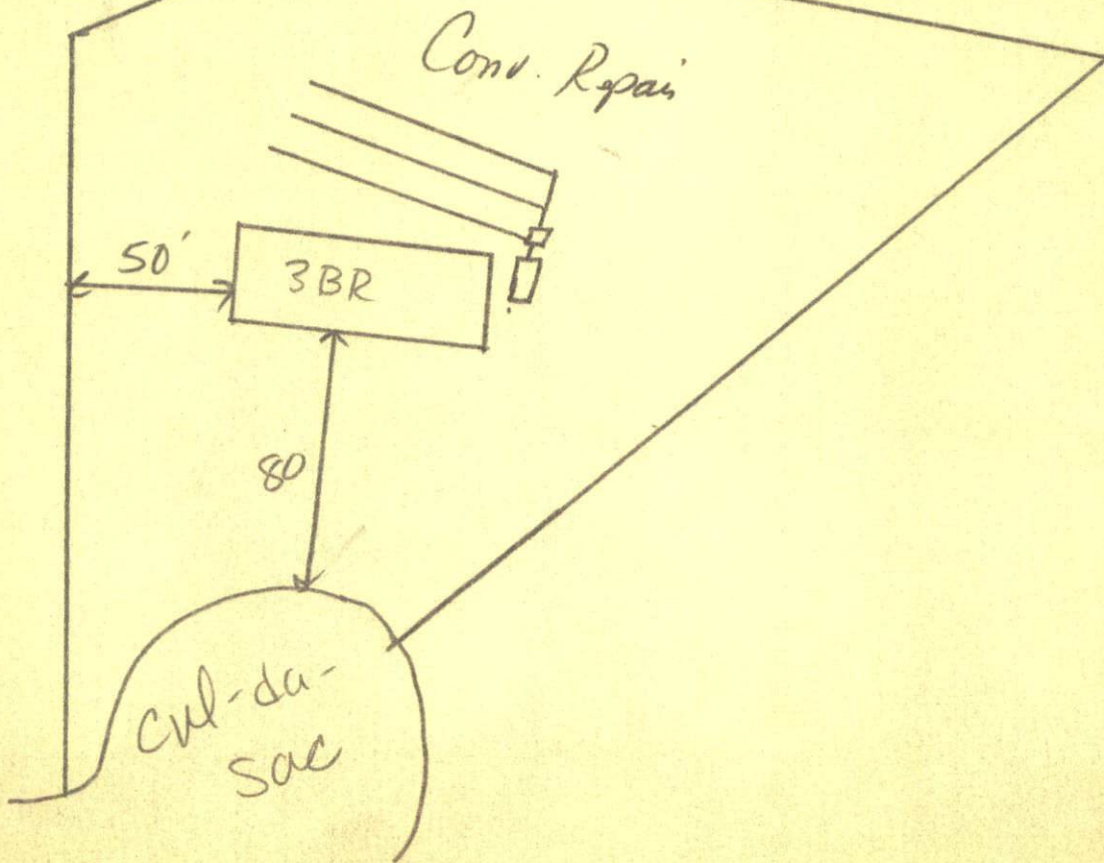
Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_\_ gallons

Subsurface Drainage Field No. of ditches 3 exact length of each ditch 80 ft. width of ditches 3 ft. depth of ditches 18.24 in.

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

Date: 25 May 2000  
Signed: Vincent R. [Signature]  
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 # 17872. 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 # Old US 421 Road Name Old US 421  
New Installation  Repair \_\_\_\_\_ Septic Tank  Nitrification Lines   
Subdivision Peach Farm Ct. IV 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  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 80 feet  
Width of ditches 3 ft. Depth of ditches 18-24 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. [Signature] Date: 25 May 2000