

03-5-6744

HARNETT COUNTY HEALTH DEPARTMENT

No 19842

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) LARRY ELLIOTT☒ New Installation☒ Septic TankProperty Location: SR# 1121 RAY RD☐ Repairs☒ Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

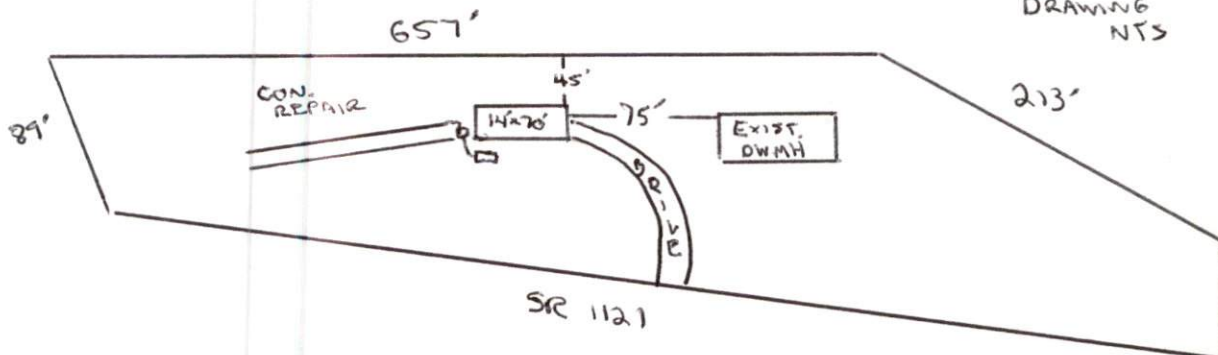
Number of Bedrooms Proposed: 3 Lot Size: 2.03 ACBasement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 100 ft.

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: _____ gallonsSubsurface Drainage Field No. of ditches 2 exact length of each ditch 75 ft. width of ditches 3 ft. depth of ditches 24 in.

French Drain Required: _____ Linear feet

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

Date: 4/3/03Signed: [Signature] Environmental Health SpecialistDRAWING
NTS

* MAINTAIN ALL SETBACKS

* RUN LINES ON CONTOUR

* CALL WITH ANY QUESTIONS
PRIOR TO INSTALLATION

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 # 19842. 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.*

Name LARRY ELLIOTT Telephone# 436-5302
Address 250 RAY RD SPRING LAKE NC 28390
Property Location SR# 1121 RAY RD Road Name _____
Subdivision _____ Lot # 3 # Bedrooms Proposed 2-03AC Lot Size _____

TYPE OF SYSTEM

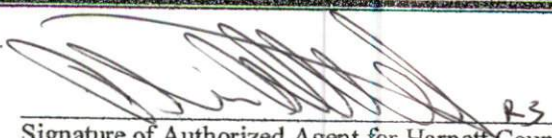
☒ New Installation [] Repair ☒ Septic Tank ☒ Nitrification Lines
☒ Conventional [] Other _____
[] Basement [] With Plumbing [] Without Plumbing

Water Supply: [] Well ☒ Public Water Supply Minimum Well Setback: 100 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 2 Length of lines 75 Ft.
Width of ditches 3 ft. Depth of ditches 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.


Signature of Authorized Agent for Harnett County of Harnett

4/3/03
Date