

03-5-7044 R

# 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) SPIEGEL, BARRY

New Installation  Septic Tank

Property Location: SR# NC27

Repairs  Nitrification Line

Subdivision WHITETAIL BUCK Lot # 5

Tax ID # \_\_\_\_\_ Quadrant # \_\_\_\_\_

Number of Bedrooms Proposed: 4 Lot Size: 10.75 AC

Basement with Plumbing:  Garage:

Water Supply:  Well  Public  Community

Distance 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: \_\_\_\_\_ gallons

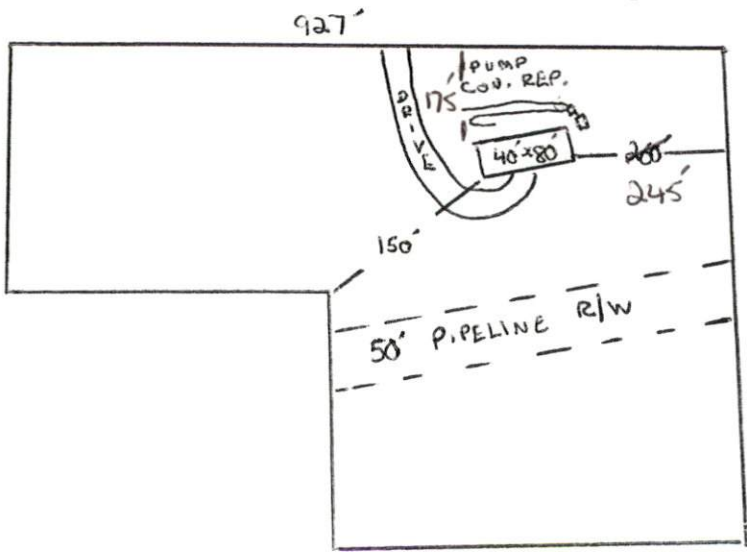
Subsurface Drainage Field No. of ditches 2 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 24 in.

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

Date: 5/16/03  
Signed: [Signature] Environmental Health Specialist

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

- \* MAINTAIN ALL SETBACKS
- \* TANK MUST BE SET SHALLOW. IF TANK IS SET TOO DEEP A PUMP WILL BE REQUIRED
- \* TOP LINE FLAGGED
- \* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



DRAWING NTS  
OT  
6/25/03

HARNETT COUNTY HEALTH DEPARTMENT  
AUTHORIZATION TO CONSTRUCT

03-5-7044R

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20080. 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.

BARRY SPIEGEL 239-671-1828  
Name Telephone#

PO Box 1328 LILLINGTON NC 27546  
Address

NC 27  
Property Location SR# Road Name

WHITETAIL BUCK 5 4 10.75 AC  
Subdivision Lot # # Bedrooms Proposed 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

**NITIRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 2 Length of lines 100 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] RS 5/14/03  
Signature of Authorized Agent for Harnett County of Harnett Date  
6/25/03 OT