

HARNETT COUNTY HEALTH DEPARTMENT

HTE# 05-50013299

IMPROVEMENT PERMIT 22454

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) JOEL LANG ELLIOTT New Installation ☒ Septic Tank ☒ Repair ☐

Property Location: SR# 2019 LINCOLN MCKAY LN Nitrification Line ☒ Expansion ☐

Subdivision _____ Lot # _____

Tax ID# _____ Quadrant # _____

Number of Bedrooms Proposed: 2 (240 sqd) Lot Size: .70 AC

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 No. of exact length width of depth of
Drainage Field ditches 3 ft. of each ditch 90 ft. ditches 3 ft. ditches 12 in.

French Drain Required: _____ Linear feet

Date: 12/9/05

PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

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

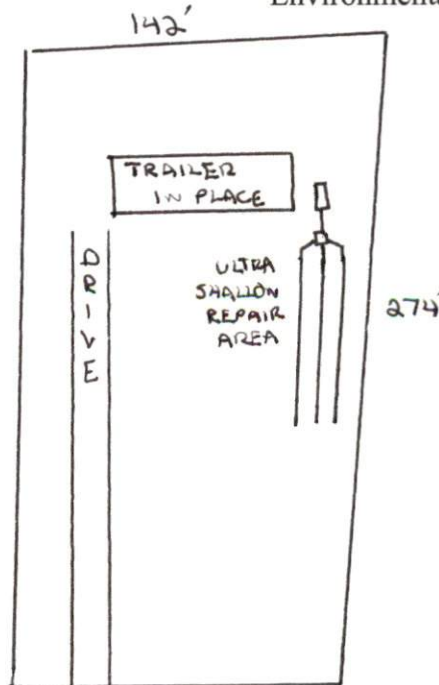
Signed: [Signature] (OLIVER TOLKSDORF)

Environmental Health Specialist

*MAINTAIN ALL SETBACKS

*6" OF COVER NEEDED OVER SYSTEM

*CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 22454. 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.*

JOEL ELLIOTT

Name

814-2019

Telephone #

PO Box 137

Address

LILLINGTON NC 27546

2019

Property Location SR#

LINCOLN MCKAY LN

Road Name

Subdivision

Lot #

2 (240sq)

Bedrooms Proposed

.70 AC

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: 50 Ft.

Septic Tank 1,000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 3 Length of lines 90 Ft.

Width of ditches 3 ft. Depth of ditches 12 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]
Signature of Authorized Agent for Harnett County

12/8/05
Date