HARNETT COUNTY HEALTH DEPARTMENT

IMF OVEMENT PERMIT

Nº 14727

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." New Installation Name: (owner) John Hicks Septic Tank SR# 1412 Christian Light Property Location: ☐ Repairs Nitrification Line Subdivision Melo Megolow ____ Lot # 4/3 Tax ID #___ _____ Ouadrant # _____ Number of Bedrooms Proposed: ______3 Lot Size: 146 x 290 Basement with Plumbing: Garage: Public Water Supply: Well ☐ Community Cop. Submetted final approval. Conventional Type of system: Other_ Septic Tank: gallons Pump Tank: gallons Size of tank: No. of exact length width of depth of ditches of each ditch 150 ft. ditches 15t. ditches 15t. ditches 15t. Subsurface Drainage Field French Drain Required: Proper feet Signed: CMandantes Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. * maintain all setbacks Pump com * RUN Attrification LINES ON CONTOUR I

Mel's MEADON DRIVE

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14727 . 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 Novald Hicks Name: John Hicks Telephone # 470-3884 Address: 8244 Christian Light Road F.V. N.C. 27526 Property Location: SR # 1412 Road Name Churchen Logat New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Mels Mesodon Lot # 43 Number of Bedrooms Proposed: 3 Lot size: 146 x 290 Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: _____ ft. Type of System: Conventional ____ Other ____ Tank Volume: Septic Tank 1800 gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field ____ Length of lines _____ /50 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: James & Monhart Eres. Date: 4-28-98

(Revised 2/96)CNSTRCT.WPD