## HARN COUNTY HEALTH DEPARTME

## IMPROVEMENT PERMIT

Nº 14997

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)	
Subdivision	Lot #
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 99 person dayon	Lot Size: 1.91 ac
	rage:
Water Supply: Well Public Co.	mmunity
Distance From Well:ft.	
final approval.	isposal system on above captioned property. Subject to
Type of system: Conventional 1500 Green \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	er Pressure Maritold
Size of tank: Septic Tank: 2500 gallons	Pump Tank: 2500 gallons
Subsurface No. of exact length of each ditches of each ditche	width of depth of
French Drain Required: Linear fee	
9/1/05 DoyCare	Signed:  Signed:  Signed:  Solver O. Boyu A.S.  Environmental Health Specialist  Mointoin Sollocks  Controctor to meets on site  Grease Trap to receive only  kitchen woste  Tap size 'M' sch 40  Manifold size 4" sch 80  2' pressure head  Outdoor alarm required
5R 2045	PT Dimensions (46.5 x 72) + (94.5 x 72)  11.75' x 6'  8.2" to 9.17"  Drawdown

## AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14997 . 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 Purdic Elliot Telephone # <u>433-2525</u> Address: 4760 Hunt's field Rd. Fageteville NC 28314 Property Location: SR # 2045 Road Name Elliott Bridge Al New Installation \_\_\_\_\_\_ Repair \_\_\_\_\_ Septic Tank \_\_\_\_\_ Nitrification Lines \_\_\_\_\_ Subdivision \_\_\_\_\_Lot # \_\_\_\_ Number of Bedrooms Proposed: 99 person daycan Lot size: 8.98ac Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_\_\_\_ ft. Type of System: Conventional Other Pressure Manifold Tank Volume: Septic Tank 2500 gallons Pump Chamber 2500 gallons **Nitrification Field Specifications** Number of fields \_\_\_\_\_/ Number of Lines per Field \_\_\_\_ Length of lines \_\_\_\_\_/ Width of ditches \_\_\_\_\_ ft. Depth of ditches \_\_\_\_\_\_ 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: \_\_\_\_\_ Inomas 4, Boya R.S. Date: 8-19-98 (Revised 2/96)CNSTRCT.WPD