## HARNE COUNTY HEALTH DEPARTMENT Nº 14041

## 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) Will's B. Harvey Prop. Inc. New Installation Septic Tank
Property Location: SR#off 1257 S. R. Repairs Repairs Nitrification Line
Subdivision River Bluffs Lot# 6
Tax ID # Quadrant #
Number of Bedrooms Proposed: 3 Lot Size: 6.41 Acres
Basement with Plumbing: Garage: G
Water Supply:  Well Public Community
Distance From Well: 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 ditches 1 of each ditch 400 ft. ditches 3 ft. ditches 4 in.
This permit is subject to revocation if site plans or intended use change.  This permit is subject to revocation if site plans or intended use change.  This permit is subject to revocation if site plans or intended use change.  This permit is subject to revocation if site plans or intended use change.  Signed: Repair Mount in the subject is signed: Revocation if site plans or intended use change.  This permit is subject to revocation if site plans: Signed: Repair Mount in the subject is signed: Revocation if site plans or intended use change.  This permit is subject to revocation if site plans: Signed: Repair Mount in the subject is signed: Revocation if site plans or intended use change.  This permit is subject to revocation if site plans: Signed: Repair Mount in the subject is signed:

## AU IORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 16/04 . 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 \_\_\_\_\_ Name: Willis B. Harvey Prop. Inc. Telephone # 814-2344 Address: 201 Riverview Place Lillington WC 27546 Property Location: SR # off 1257 Road Name Own/wk Ct. New Installation \_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_ Subdivision River Bloffs Lot# Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_\_\_ ft. Type of System: Conventional \_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank / oo gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** 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: Buya M. Juni Date: 4/9/98

(Revised 2/96) CNSTRCT. WPD