## HAR T COUNTY HEALTH DEPARTM T Nº 16758 IMPROVEMENT PERMIT 5000335

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)

Name: (owner) Teresa 5. Sloss	New Installation	Septic Tank
Property Location: SR#	Repairs	Nitrification Line
Koberts		
Subdivision / OUIVALE HALLS	Lot	#
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3 (17x70)	ot Size: 2,22 AC	
Basement with Plumbing: Garage:		
Water Supply:		
Distance From Well:50ft.		
Following is the minimum specifications for sewage disposal sysfinal approval.	stem on above captioned p	property. Subject to
Type of system: Conventional Other		
Size of tank: Septic Tank: Oo gallons Pr		
Subsurface Drainage Field  No. of exact length of each ditch of each ditch	width of de t. ditches 3 ft. di	epth of tches 18 in.
French Drain Required: Linear feet	1	
This populities subject to the Date:	10-10-2000	
This permit is subject to revocation if site plans or intended use change.  Signed: 1	In Chars	
1 TO Col 1 D	/ Environmental Heal	th Specialist
(10021) 14 (198,	Wooden fine	
	55	Tas
Blue Frag	300	*
1	0	
14×70 35emH		
A CONTRACTOR OF THE PARTY OF TH	o Tar	
DRIVE 160' BLUFIND.	Les lution	J-70
Meet ons.te 18" O. teh Depoth	Follow conta	125
trop ORAN Line 50' From Fence	Do not Dan	1 Daprok
On ORAn Line		

## HAI TT COUNTY HEALTH DEPAR' ENT AUTHORIZATION TO CONSTRUCT

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

by Harnett County Health Department Improvement Permit # 16758, 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 / CRESA J S/OJS Address: Property Location: SR # \_\_\_\_\_\_ Road Name \_\_\_\_\_ \_\_\_\_\_\_ Repair \_\_\_\_\_ Septic Tank \_\_\_\_\_\_ Nitrification Lines \_\_\_\_\_ Number of Bedrooms Proposed: 3 (14x20) Lot size: 222Ac Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_\_\_\_ ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_\_ Tank Volume: Septic Tank \_\_\_\_\_ gallons Pump Chamber \_\_\_\_\_ 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 Jos Worl) Date: 10-10-2000 (Revised 2/96) CMSTRCT. WPD