IMPROVEMENT PERMIT D-5000655

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 Septic Tank Name: (owner) Property Location: ☐ Repairs Nitrification Line SR#\_ Lot # Subdivision Fugue 1sc \_\_\_\_\_ Quadrant # \_\_\_\_\_ Tax ID #\_\_\_\_ Lot Size: 2.04 Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: Public Community 100 Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other \_\_\_\_ Pump Tank: \_\_\_\_\_ gallons Size of tank: Septic Tank: \_\_\_\_\_ gallons Subsurface No. of exact length width of depth of of each ditch \_/OO ft. ditches \_ Drainage Field ditches\_ ft. ditches /8 in.MAX French Drain Required: \_\_\_\_\_ Linear feet Date: \_ This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist \* Mintin setbocks \* Run d. Iches on contour \* O: tokes to be NO DEEPER Than 18 inches mit 28 X66 330

## HAPPETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # \_\_\_\_\_\_\_\_, 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: Gerald Layton Dest, Jr. Telephone # 882-6360
Address: 1233 Weeks ld Dan W.C. 28334
Property Location: SR # Road Name Access
New Installation Repair Septic Tank Nitrification Lines  Subdivision Long Tet Fam Lot # Lot # Lot #
Subdivision Lunor / at -tan
Number of Bedrooms Proposed:
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 ditchesft. Depth of ditches fmches MAX
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.
Name: Date: 1/30/2000
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