00-50000561

IMPROVEMENT PERMIT

Nº18146

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: Nitrification Line SR# Repairs Subdivision Lot # Ouadrant # Number of Bedrooms Proposed: Lot Size: Basement with Plumbing: Garage: Water Supply: Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other_ 00 gallons Size of tank: Septic Tank: // Pump Tank: _____ gallons Subsurface exact length depth of Drainage Field ditches of each ditch / ft. ditches_ ft. ditches French Drain Required: Linear feet This permit is subject to revocation if site Signed: _ plans or intended use change. 572 Environmental Health Specialist + Do not drive 17-well on septic system. 4 suptem laid out STIN6 & markers of filter required. \$ set task above fall for gravity oyptem. & maintain 50 foot well setback DRIVEWAY

0.5000056.1

PARTY 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 # 18146. 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: Bonnie Andrews Telephone # 498-2409 Address: 31 Bret Rood Cameron, nC

Property Location: SR# 1201 Road Name Pordensa New Installation ______ Repair _____ Septic Tank _____ Nitrification Lines ______ Subdivision Cleanwater Cales Lot # 5 Number of Bedrooms Proposed: Two Lot size: Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public _____ Minimum Well Setback: ____ ft. Type of System: Conventional ______ Other _____ Tank Volume: Septic Tank 1000 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 ______ may 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

(Revised 2/96) CNSTRCT. WPD