Replaces
HAF TT COUNTY HEALTH DEPARTM

INTROVEMENT DEPARTM

IN-ROVEMENT PERMIT 500 00 825

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

| tion of any building at v from the Harnett Coun | which a septic tank system is to be used for disposaty Health Department." | | | |
|--|--|--------------------------|----------------------|--|
| Name: (owner) | | New Installation | Septic Tank | |
| Property Location: | SR# NC 27 | | Nitrification Line | |
| | | | 110 | |
| Subdivision Long | leaf /KRES | Lot | # 48 | |
| Tax ID # | | Quadrant # | | |
| Number of Bedrooms Proposed: $4(28 \times 60)$ Lot Size: $1.34AC$ | | | | |
| Basement with Plumbing: Garage: | | | | |
| Water Supply: | | | | |
| Distance From Well: | | | | |
| final approval. | mum specifications for sewage disposal syste | em on above captioned | property. Subject to | |
| Type of system: | Conventional | | <u> </u> | |
| Size of tank: | Septic Tank: Oo gallons Pun | np Tank: ga | llons | |
| Subsurface Drainage Field | No. of ditches exact length of each ditch 400 ft. | width of ditches 3 ft. d | epth of itches in. | |
| French Drain Required: Linear feet | | | | |
| Date: 2 21-2000 | | | | |
| This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist | | | | |
| | 225' | Environmental Hea | itii Specialist | |
| Ler | Repair 140. | 30 | | |
| 30 | 100-001 | F 30 | Dasp | |
| | 28x 60 43R MH | | off | |
| IPP? | 1 15 15 | 1 | 185 | |
| Mr | | | 100 | |
| | | 1 12 | | |
| | | | | |
| 14 | | | | |
| | | | | |
| Rond' | 110 11- 110 | 110 11- | | |
| | 1 | 55 | | |
| | Must meet | on site Fin | 1A LAJUET | |
| MA, Change 18" Ditch Dopths | | | | |
| | DO NOT DRIVE OR PI | nek on septi | c SYSTEM | |

This permit Per lace 5 H 1700 Authorization

HADNETT COUNTY HEALTH DEPARTMENT AU1_ORIZATION TO CON_RUCT

| by Harnett County Health Department Improven | a wastewater system to the specifications described nent Permit #, This authorization ears from the date of issuance. This authorization |
|--|--|
| will be invalid if ownership, site plans, or intende | d use change. |
| Owner or Authorized Agent Benjimm | |
| Name: | Telephone # <u>860 - 8787</u> |
| Address: | |
| Property Location: SR # | Road Name |
| New Installation Repair Se | ptic Tank Nitrification Lines |
| Subdivision Long CAF ACRES | Lot # 48 Lot size: 1.34AC |
| Number of Bedrooms Proposed: 4(28×60) | Lot size: 1.34AC |
| Basement With Plumbing | |
| Water Supply: Well Public | |
| Type of System: Conventional Other _ | |
| Tank Volume: Septic Tank gallons | Pump Chamber gallons |
| Nitrification Fiel | d Specifications |
| Number of fields Number of Lines per Fi | eld 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 Harnett County Health Department has determined the conditions of the improvement permit and that | that the system has been installed according to |
| Name: (Revised 2/96) CNSTRCT WPD | Date: |
| (Revised 2/96) CNSTRCT.WPD | |