61.50001274

HARN COUNTY HEALTH DEPARTMENT

Nº 17581

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."

from the Harnett County Health Department."	for disposal of sewage without first obtaining a written per
Name: (owner) Coler Woodard	New Installation Septic Tank
Property Location: SR# 2026 Byrd's Mill &.	Repairs Nitrification Lin
Subdivision Oyrd's M. a	Lot #_ 2\
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 4	Lot Size:
Decement 'd Di 1'	ge: 🗖
Water Supply: Well Public Com	munity
Distance From Well:ft.	
Following is the minimum specifications for sewage disp final approval. Type of system: Conventional Other	posal system on above captioned property. Subject to
Size of tank: Septic Tank: 1000 gallons	Pump Tank: gallons
Subsurface No. of exact length	width of depth of
Subsurface No. of exact length of each ditch	ft. ditches 3 ft. ditches 18-24 in.
French Drain Required: Linear feet	
This populities subject to	ate: 3/14/2001
This permit is subject to revocation if site plans or intended use change.	gned: Drya Milwin RS.
	Environmental Health Specialist
* Maintain set backs	pour la ceru. Repris-
* him ditches on contour	Repair
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	160'
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XNH To scale 5/2 2026

H. ETT COUNTY HEALTH DEPARTMENT AUTIORIZATION TO CONGRUCT

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: Cole Woodard Telephone # 892-0407 Address: 814 East James St. Dung W.C. 28774 Property Location: SR# 8026 Road Name Byn's Will New Installation ____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Dads Mill Lot # 21 Number of Bedrooms Proposed: _____ Lot size: _____ Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ 50 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 2 Length of lines /00 ft. Width of ditches 3 ft. Depth of ditches 18-24 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: Sup Mc win R.S. Date: 3/13/2001

(Revised 2/96) CNSTRCT. WPD