01-5-1346

## HARN COUNTY HEALTH DEPARTMENT

Nº 17579

## 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."

| Tom the Harnett County Health Department.  |  |  |
|--|--|--|
| Name: (owner) Restructies  | New Installation   | Septic Tank  |
| Property Location: SR#   | Repairs  | Nitrification Line   |
|  |  |  |
| Subdivision Longleaf Heres Phs. 2  | Lot  | # 37   |
| Tax ID #   | Quadrant #   |  |
| Number of Bedrooms Proposed:   | Lot Size: . ScAc   |  |
| Basement with Plumbing: Garage   | e: 🔲   |  |
| Water Supply:  Well Public Comm  | unity  |  |
| Distance From Well: 50 == ft.  |  |  |
| Type of system: Conventional Other   | osal system on above captioned   | . C  |
|  | Pump Tank: gal   |  |
| Subsurface Drainage Field  No. of ditches 34 exact length of each ditch            | width of 3 de  | epth of itches 18-24 in.   |
| French Drain Required: Linear feet   | 1  |  |
|  | te: 3/13/201   |  |
| This permit is subject to revocation if site plans or intended use change.         | ned: Juga Motori   | i. K.J.  |
| paras of intended use change.  | Environmental Hea  | lth Specialist   |
| * Maintain all set backs   |  |  |
|  |  |  |
| t If fall cannot be achived, t ditch<br>depth; maintained<br>a pump will be needed | 125'   | 1  |
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|  | A COLUMN ASSESSMENT OF THE PROPERTY OF THE PRO |  |
|  | MH 30-   |  |
| 136 26   | 26' X72'   | 141  |
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## HATTIT COUNTY HEALTH DEPARTMENT AUTI-RIZATION TO CONS...RUCT

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

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: Res Properties Telephone # 822-4540 Address: P.C. Bix 9321 Forether: 11e, N.C. 28311 Property Location: SR # 27 Road Name New Installation \_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_ Subdivision Long leaf Aves Ph 2 Lot # 37 Basement \_\_\_\_\_ With Plumbing Without Plumbing \_\_\_\_\_ Water Supply: Well \_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_\_\_ ft.

Type of System: Conventional \_\_\_\_ Other to Water Assessment Town System Tank Volume: Septic Tank \_\_\_\_\_\_\_ gallons Pump Chamber \_\_\_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields \_\_\_\_ Number of Lines per Field \_\_\_\_\_\_ Length of lines \_\_\_\_\_\_ /\_\_\_ Ff. 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 M.S. Date: 3/13/2001 (Revised 2/96) CNSTRCT. WPD