HAPPIETT COUNTY HEALTH DEPARTMENT

....PROVEMENT PERIVIT

| tion of any building at which a septic tank system is to be used for d from the Harnett County Health Department." | lisposal of sewage without first | obtaining a written permit |
|---|--|----------------------------|
| Name: (owner) Vernar Milke | New Installation | Septic Tank |
| Property Location: SR#NC27 | Repairs | Nitrification Line |
| Subdivision Longleaf ACRes | Lot | #_/ |
| Tax ID# | Quadrant # | |
| Number of Bedrooms Proposed: 3 (28x60) | Lot Size: 1.95 A | <u>C</u> |
| Basement with Plumbing: Garage: | NOTE TO Set of | ntofapan |
| Water Supply: Well Public Communi | ty Move house BA | ck To where The |
| Distance From Well: ft. | Terrace is | |
| Following is the minimum specifications for sewage disposal final approval. | 1 | |
| | hmp to Conv. | |
| Size of tank: Septic Tank: 1000 gallons | Pump Tank: / 200 gal | llons |
| Subsurface No. of exact length of each ditch | width of definition of the distribution of the | epth of tches 18 in. |
| French Drain Required: Linear feet | 1/201 | |
| | 4.91.01 | |
| This permit is subject to revocation if site plans or intended use change. | | 11.6 |
| passes of interaction discentifications. | / Environmental Hea | Ith Specialist |
| | 290 | |
| No. | | T. 11 |
| 138×62/17-17 | 1 | # TILL |
| (3.8xx) | | 0 31 |
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| 85 1 | 181 | 100 600 |
| 183 | 1,61 | 2 1 2 |
| Rd T | | 7.5 |
| 1097 | | |
| 286 | 01 300 | 100 |
| Meet onsite | Only Rd Saxon | <i>></i> |
| 18" Other Orpthi | // / | |
| Maintain All Sct Backs Follow o | ontour) | |
| A LE DONG ON ADDRESS OF | 4.40 | |

H. ETT COUNTY HEALTH DEPAI IENT AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 1820 . 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 Verna Mila | | |
| Name: Telephone # | | |
| Address: | | |
| Property Location: SR # Road Name | | |
| New Installation Repair Septic Tank Nitrification Lines Subdivision Lot # Lot # | | |
| Subdivision Lot # Lot # | | |
| Number of Bedrooms Proposed: 3(26x65) Lot size: 1.95 AC | | |
| Basement With Plumbing Without Plumbing | | |
| Water Supply: Well Public Minimum Well Setback: ft. | | |
| Type of System: Conventional Other | | |
| Tank Volume: Septic Tank D gallons Pump Chamber D gallons | | |
| Nitrification Field Specifications | | |
| Number of fields Number of Lines per Field 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 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: | | |
| (Revised 2/96)CNSTRCT.WPD | | |