## GI- 50001051 HATTT COUNTY HEALTH DEPART THE

Nº17967

## INIPROVEMENT PERMIT

Be it ordained by the Harnett County tion of any building at which a septic tank from the Harnett County Health Departm	system is to be used for disp		
Name: (owner)	J	New Installation	Septic Tank
Property Location: SR# 2006		☐ Repairs	Nitrification Line
Subdivision Byrds M: 11 Pand	Rd.	Lot	#/
Tax ID #		Quadrant #	
Tax ID #  Number of Bedrooms Proposed:	4 L	ot Size: 4.62Ac	
Basement with Plumbing:	Garage:		
Water Supply:  Well Pub	olic		
Distance From Well: 50 ~.	<u>∽</u> ft.		
Following is the minimum specificatio	ns for sewage disposal sy	stem on above captioned	property. Subject to
Type of system: Conventional	Other		
Size of tank: Septic Tank:	2000 gallons P	ump Tank: ga	llons
Subsurface No. of Orainage Field ditches	exact length of each ditch 70	width of ditches ft. d	epth of itches 1/8-24 in.
French Drain Required:		/ /	
	Date:	4/18/2001	1 (
This permit is subject to revocation plans or intended use change.	if site Signed: _	Duya 19 Dwi	1.).
plans of intended use change.		Environmental Hea	ith Specialist
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	10 28 x8	6	2
	30'	1	2
		1	
		1	
	120'		120'

5R 2026

## H TETT COUNTY HEALTH DEPA TENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17967 . 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: Marion Jones Telephone # 892-0588 Address: 504 E. Vance St. Dun, N.C. 28334 Property Location: SR # 2026 Road Name Road Name Road Name New Installation \_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_ Nitrification Lines \_\_\_\_ Subdivision Byods Mill Pand Lot# Number of Bedrooms Proposed: 4. 02Ac Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_\_\_ ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_\_ Tank Volume: Septic Tank \( \sqrt{QO} \) gallons Pump Chamber \( \sqrt{gallons} \) **Nitrification Field Specifications** 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: Dup M Jui R.S. Date: 4/18/2001

(Revised 2/96) CNSTRCT. WPD