HARNETT COUNTY HEALTH DEPARTMENT

Nº 14042

PROVEMENT PERI

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." | / | / |
|--|------------------------|---------------------------------------|
| Name: (owner) Willis B. Harvey Prop. Inc | New Installation | Septic Tank |
| Property Location: SR# off 1257 J. Live Rd. | ☐ Repairs | Nitrification Lir |
| | | i i i i i i i i i i i i i i i i i i i |
| Subdivision River Bloffs | Lot | # 29 |
| Tax ID # | Quadrant # | |
| Number of Bedrooms Proposed: | ot Size: 911 A | |
| Basement with Plumbing: Garage: | | |
| Water Supply: Well Public Community | | |
| Distance From Well:ft. | | |
| Following is the minimum specifications for sewage disposal sys | tem on above captioned | property. Subject to |
| final approval. Type of system: ☐ Conventional ☐ Other | | |
| Size of tank: Septic Tank: 1000 gallons Pr | | llone |
| Subsurface No. of exact length | | epth of |
| Drainage Field ditches of each ditch | t. ditches ft. d | itches 1824 in. |
| French Drain Required: Linear feet | . 1 1 | |
| Date: | 119198 | |
| This permit is subject to revocation if site plans or intended use change. | Bryan M The | lil C li |
| | Environmental Hea | alth Specialist |
| * Maintain all required A | nodel | 1 |
| setbacks . | | 21 2 |
| * set supply line from tent to 36-48" deep | | 13 |
| | | 112 |
| because it may have is | | 1 1 3 15 |
| to run under drive = | | OF |
| way | | |
| 211 | | , 20' |
| K 36, } | MH 3BR | () Y |
| | 28460 | |
| | | |
| | | Amp |
| | D.D Tank | |
| | PP Repair | |
| | | |
| A S | | |

AUTHORIZATION TO CONSTRUCT

| Owner or Authorized Agent | | |
|--|--|--|
| Name: Willis B. Haver Prop. Inc. Telephone # 814-2344 | | |
| Address: 201 Riveriew place tillight NC | | |
| Property Location: SR # _ off 1257 Road Name Ridge Roa | | |
| New Installation Repair Septic Tank Nitrification Lines | | |
| Subdivision River Bloffs Lot # 29 | | |
| Number of Bedrooms Proposed: | | |
| Basement With Plumbing Without Plumbing | | |
| Water Supply: Well Public Minimum Well Setback: ft. | | |
| Type of System: Conventional Other | | |
| Tank Volume: Septic Tank / OOO gallons Pump Chamber / OOC gallons | | |
| Nitrification Field Specifications | | |
| Number of fields Number of Lines per Field Length of lines 500 FL | | |
| 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 | | |
| Name: Byan M. Jui Date: 4/9/88 | | |

(Revised 2/96)CNSTRCT.WPD