Site A

## HA TTT COUNTY HEALTH DEPART TOTAL

Nº 18228-€

## IN PROVEMENT PERMIT

01-5-1829

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)		porough		ation Septic Tank	
Property Location:	SR# 275	knight RI	Repairs	Nitrification 1	Line
Subdivision	The state of the s			_ Lot # 5.7c	A
Tax ID #			Quadrant #		
Number of Bedroom	is Proposed: 3(1)	(CTX7	_ Lot Size: _/. 16	AC	
Basement with Plum	bing:	Garage:	O Sites Limi	ted To 3BR	
Water Supply:			nity Single W.D.	e Mobile Home	
Distance From Well:	_55	_ ft.			
final approval.				ioned property. Subject t	to
Type of system:	Conventional	Other			
			Pump Tank:		
Subsurface Drainage Field	No. of ditches/	exact length of each ditch 300	width offt. ditches3	depth ofin.	
French Drain Requir	ed:	Linear feet	04 05 4		
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## RNETT COUNTY HEALTH DE TMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18228-1. 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.

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Owner or Authorized Agent CARL YARborough
Name: Telephone # _ 258 - 5580
Address:
Property Location: SR# 1279 Road Name
New Installation Repair Septic Tank Nitrification Lines
SubdivisionLot #
Number of Bedrooms Proposed: 3(14x70) Lot size: 1.16 Ac
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other
Tank Volume: Septic Tank / 200 gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines 300
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:
(Revised 2/96) ENSTRCT. WPD