## HAT TT COUNTY HEALTH DEPART VT Nº 19094 INPROVEMENT PERMIT 02-5-4610

| tion of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written pern from the Harnett County Health Department."  |
|---|
| Name: (owner) Robert Durce New Installation Septic Tank   |
| Property Location: SR# N 27 Repairs Nitrification Lin   |
| Subdivision Long leaf Acres Lot # 40  |
| Tax ID # Quadrant #   |
| Tax ID #Quadrant #Number of Bedrooms Proposed: 3(41x 60) Lot Size: 1.04 AC  |
| Basement with Plumbing: Garage: Please note the Change In   |
| Water Supply: Well Public Community house location - Due to the size  |
| Water Supply: Well Public Community house location - One to the SIZ<br>Distance From Well: 50 ft. of the home, size of Garage, Size of Deck 9 loca  |
| final approval.   |
| Type of system: Conventional Other Conventional on this   |
| Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons   |
| Subsurface Drainage Field  No. of ditches 4 exact length of each ditch ft. width of depth of 18 max in.  Width of ditches 3 ft. depth of 18 max in.   |
| French Drain Required: Linear feet  |
| This permit is subject to revocation if site  plans or intended use change.  Plot Plan Must Be changed To match This premit  Maintain All set Backs 18" max Orth Depths Follow contains 100  Date: 5-16-02  Signed: 4s wars  Environmental Health Specialist  Maintain All set Backs 18" max Orth Depths Follow contains 100  Do not Drive on park on system 168"  168"  108  108  109  109  109  109  109  109 |
| Road DE FANNER AS TOTAL   |

## NETT COUNTY HEALTH DEPARTM AU I HORIZATION TO CONSTRUCT

| Authorization is hereby given to cons  | struct a wastew   | ater system to the specific |          |  |
|--|-------------------|-----------------------------|----------|--|
| Harnett County Health Department, Improvement Permit # 19099. 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 on   | vnership, site pl | ans, or intended use chang  | re.      |  |
| Robert Dirden  |                   | 436-0872                    |          |  |
| Name   |                   | Telephone #                 |          |  |
|  |                   |                             |          |  |
| Address  |                   |                             |          |  |
| NC 27  |                   |                             |          |  |
| Property Location SR#  |                   | Road Na                     | me       |  |
| Long leaf Acre   | 40                | 3(41x60)                    | 12411    |  |
| Subdivision  | Lot #             | # Bedrooms Proposed         | Lot size |  |
|  | TWO OF G          | •                           | 500 5120 |  |
| TYPE OF SYSTEM   |                   |                             |          |  |
| New Installation   Repair   Septic Tank   Nitrification Lines   Conventional Other   Septic Tank   Nitrification Lines   |                   |                             |          |  |
| 1  |                   |                             |          |  |
| [ ] Conventional Other / / /   | to Conv.          |                             |          |  |
| Basement   With Plumbing   Without Plumbing  |                   |                             |          |  |
|  |                   |                             |          |  |
| Water Supply: [ ] Well   Public - Minimum Well Setback:Ft.   |                   |                             |          |  |
| NITDIFICATION FIELD SDECKERATIONS  |                   |                             |          |  |
| NITRIFICATION FIELD SPECIFICATIONS   |                   |                             |          |  |
| Number of fields # of lines per field Length of lines Ft.  |                   |                             |          |  |
| Width of ditches ft. Depth of ditches inches   |                   |                             |          |  |
| Width of ditches ft. Depth of ditches inches   |                   |                             |          |  |
|  |                   | inches                      |          |  |
| French Drain: Linear feet required   | Donath of         | T                           |          |  |
| Prench Drain. Linear leet required   | Depth of          | gravei                      |          |  |
| No wastewater avatem shall b   | o covered and     |                             |          |  |
| 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.   |                   |                             |          |  |
| A Print has been issued.   |                   |                             |          |  |
| (/s Char   | 5-                | 16-02                       |          |  |
| Signature of Authorized Agent for Harnett Coun   |                   | Date                        |          |  |