02-5-4798

## IMPROVEMENT PERMIT

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) SHERRY S. DARRIGHT New Installation

Property Location: SR# 2045 ELLIOH BRIGGE RO Repairs

Nitrification Line

Property T	OII LECY D.	DARRIGAN	New Insta	allation 🛛 Sept	tic Tank
Property Location:	SR#_2045	ELLION BRIDGE	Ro Repairs		ification Line
Subdivision					
			0 1		
Number of Bedroor	ns Proposed:	3	Quadrant # Lot Size:\48		
Basement with Plur	mbing:	Garage	Lot Size: 17.0	2 AC	
Water Supply:	WHEN THE PARTY OF	Garage:			
Distance From Well		ft Commu	inity None STATED		
Following is the minifinal approval.	imum specificatio	ons for sewage dispos	al system on above cap	tioned property.	Subject to
Type of system:	Conventional		Pume To CONVENT		
Size of tank:	Septic Tank: 10	gallons	Pump Tank: 1000	gallana	
Subsurface Drainage Field	ditches 2	exact length of each ditch	width of ft. ditches 3		
French Drain Requir	ed:	Linear feet	Tt. diteries	it. ditches 18	in.
This permit is subje plans or intended us	ct to revocation	D	Mil all ibs	Lot	
*MAINTAN ALL	8		Environmenta	l Health Speciali	ist
SERACKS		The state of the s	885		024,
RUNS PROT SEI LOCATED AND SETBACK MAINTE	205°	MIN (SEE			NTO
CALL WITH ANY OVESTIONS PRIO TO INSTALLAT		ED.	X CORAL		3045 3K
PARLON SYSTES		100	12 FLOOD LINE	-	

## HAR AT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Harnett County Health Department, Improvement Permit # 10504. 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.					
Name SHERRY S. DARRIGAN 436-2455 Telephone #					
Name Telephone #					
Address BRIDGE RO SPRING LAKE NC 28390					
Property Location SR#  Read Name  Read Name					
Road Name					
Subdivision 3 14.854c					
Subdivision Lot # Bedrooms Proposed Lot size					
TYPE OF SYSTEM					
New Installation [ ] Repair Septic Tank Nitrificiation Lines					
[ ] Conventional Other Pump To CONV. [ ]Basement [ ] With Plumbing [ ] Without Plumbing					
Water Supply: [ ] Well [ ] Public - Minimum Well Setback: 100 Ft.  Septic Tank 1000 sol Pump Chamber 1000 go)					
NITRIFICATION FIELD SPECIFICATIONS					
Number of fields / # of lines per field 2 Length of lines 75 Ft.					
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.					
gnature of Authorized Agent for Harnett County  Date					