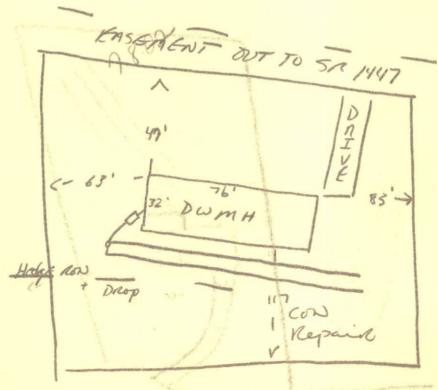
## HARNETT COUNTY HEALTH DEPARTMENT # 02-5-483C № 13916

PROVEMENT PERM

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) Wendy DAIVER	New Installation	Septic Tank
Property Location: SR# 1447 Rawls Community	Repairs	Nitrification Line
Subdivision	Lot	#
Tax ID #	Quadrant #	
Number of Bedrooms Proposed:	ot Size: / acce	
Basement with Plumbing: Garage:		
Water Supply:  Well Public  Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal systimal approval.	stem on above captioned	property. Subject to
Type of system: ☐ Conventional ☐ Other		
Size of tank: Septic Tank: 1200 gallons P	ump Tank: gal	lons
Subsurface No. of exact length of each ditch of each ditch	width of deft. ditches 3 ft. di	epth of tches <u>18-24</u> in.
French Drain Required: Linear feet		
Date:	6-19-02	3
This permit is subject to revocation if site  Signed:	James EMAN	Laute Re
plans or intended use change.	Environmental Hea	lth Specialist



## HAI T COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #					
This authorization will be invalid if own	iership, site j	plans, or intend	led use change	2.	
Wendy DRIVER					
Name			Telephone	#	
Name  181 Rawls Club Rd  Address	F.V.	N.C.	27526		
/94 7 Property Location SR#	-			monenty	
Property Location SR#			Road Nam	ie /	
		4	/	1 sece	
Subdivision	Lot #	# Bedroom	s Proposed	Lot size	
TYPE OF SYSTEM					
[ New Installation [ ] Repair [ Septic Tank [ Nitrificiation Lines					
[   Conventional Other [ ] Basement [ ] With Plumbing [ ] Without Plumbing					
Water Supply: [ ] Well [   Public - Minimum Well Setback:Ft.  Septic TankPump Chamber					
NITRIFICATION FIELD SPECIFICATIONS					
Number of fields # of lines per field Length of lines 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.					

6-13-6 Z Date