03-5-6586

## HARN COUNTY HEALTH DEPARTME

Nº 19835

## 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."

from the Harnett County Health Department."		
Name: (owner) AVENELLE SURLES	New Installation	Septic Tank
Property Location: SR# 2026 Nurgans Ro	Repairs	Nitrification Line
Subdivision		
Tax ID #	Quadrant #	
Number of Bedrooms Proposed:	t Size: .52Ac	
Basement with Plumbing: Garage:		
Water Supply:   Well  Public   Community		
Distance From Well: ft.		
Following is the minimum specifications for sewage disposal syst final approval.	em on above captioned p	property. Subject to
Type of system: Conventional Other		
Size of tank: Septic Tank: gallons Pun	mp Tank: gal	lons
Subsurface No. of exact length of each ditch 5 ft.	width of de ditches ft. di	epth of tches 18-23 in.
French Drain Required: Linear feet		
	13/03/11	
This permit is subject to revocation if site plans or intended use change.  Signed:		ES COLIVER TOLKSOON
	Environmental Heal	th Specialist
	33	NT
* MAINTAIN ALL SETBACKS		
* CALL WITH ANY QUESTIONS	735 CON.	
PRIOR TO INSTALLATION	26' REPAIR	- 85'- 106'
TREE	42	
112	De	WE .

## HARN COUNTY HEALTH DEPARTM CAUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 19835. 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 cl			
AVENELLE SURLES 893-	893-9048 Telephone#		
Tele	ephone#		
Address NC 28356			
2026 NUTGRASS RD			
Property Location SR# Roa	nd Name		
3	,52 AC		
Subdivision Lot # # Bedrooms Proposed	Lot Size		
TYPE OF SYSTEM			
New Installation [ ] Repair Septic Tank Nitrification L	ines		
Conventional [ ] Other			
[ ] Basement [ ] With Plumbing [ ] Without Plumbing			
Water Supply: [ ] Well Yublic Water Supply Minimum Well Setback: 100 Ft.			
Septic Tank 1000 gd Pump Chamber god			
NITIRFICATION FIELD SPECIFICATIONS			
Number of fields / # of lines per field \( \text{\text{\$\sigma}} \) Length of lines \( \frac{75}{} \) Ft.			
Width of ditchesft. Depth of ditches _\lambda - 23 inches			
French Drain: Linear feet required Depth of gravel			
No wastewater system shall be covered or placed into use by any person unti Harnett County Health Department has determined that the system has been the conditions of the Improvement Permit and that a valid Operations Perm	installed according to		
Signature of Authorized Agent for Harnett County of Harnett	Date		