TT COUNTY HEALTH DEPART

IMPROVEMENT PERMIT 2 5 4554RR Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

tion 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." JARnold Corp Name: (owner) New Installation Septic Tank Property Location: SR#_ Repairs Nitrification Line Subdivision_ Tax ID #_ Ouadrant # __ Garage:

Mu) Number of Bedrooms Proposed: Basement with Plumbing: Community My Prent- Organal Pero Water Supply: Well Public was to the same set Backs - Note change from Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Vump to Conventional Type of system: Conventional Septic Tank: 1000 gallons Size of tank: Pump Tank: | gallons Subsurface No. of exact length width of depth of ft. ditches 18 d in. Drainage Field ditches of each ditch _ft. ditches_ French Drain Required: _ _____ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist 257 DRIVE WAY TO DEALORD Proputation X 11 JY. OHN DONE must Be plang Property Line And A max of 15' will. Maintain All Sch Back Do not DANE DA prak on System

NETT COUNTY HEALTH DEPARTM AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the specifications described by |
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| Harnett County Health Department, Improvement Permit # 19080. 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. |
| K. Aenold Comp 499-6313 |
| Name Telephone # |
| Address |
| NC24/0 |
| Property Location SR# Hentage V. Age F-89 Subdivision F-89 Road Name 328×180 1404 21 2025, At |
| Lot # Bedrooms Proposed Lot size |
| TYPE OF SYSTEM |
| New Installation [] Repair Septic Tank Nitrification Lines |
| New Installation [] Repair Septic Tank Nitrification Lines [] Conventional Other Ly Lo Conventional Other |
| [] Basement [] With Plumbing [] Without Plumbing |
| Water Supply: [] Well [Public - Minimum Well Setback: 50 Ft. |
| NITRIFICATION FIELD SPECIFICATIONS |
| Number of fields # of lines per field 4 Length of lines 60 Ft. |
| # of fines 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. |
| |
| (L) AMI |
| Signature of Authorized Agent for Harnett County Date |
| Date CHW |