1-5-2809

## HARNI COUNTY HEALTH DEPARTME

Nº18022

## **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."	a written permi
Name: (owner) Kevin Williams	■ New Installation ■ Septic Tank
Property Location: SR# 1735 Anti-och Chord Rd.	Repairs Nitrification Line
Subdivision Dea Davis	Lot # 2
Tax ID #	Quadrant #
Number of Bedrooms Proposed:	Lot Size: 4.938 Ac
Basement with Plumbing: Garage:	
Water Supply: Well Public Community	
Distance From Well: 50 min ft.	
Following is the minimum specifications for sewage disposal sy final approval.	
Size of tank: Septic Tank: 1000 gallons P	
Subsurface No. of exact length of each ditch /00	width of depth of ft. ditches 18-20 in.
French Drain Required: Linear feet	it. ditches 11. ditches 11.
Doto	8/29/2001
This permit is subject to revocation if site	1 11 00
plans or intended use change.	Environmental Health Specialist
* Maintain all set backs	
* Ronditches on contour	1h
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may change to vight  side of house	x 221
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## AL HORIZATION TO CUNSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 18 522 ... 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. Owner or Authorized Agent \_\_\_\_\_ Name: Kevin Williams Telephone # 308-1980 Address: 1561 Cypress Lakes Rd. Hope M. Us, N. C. 28348 Property Location: SR # 1735 Road Name Ant. och Church New Installation \_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines Subdivision Dan Oavis Lot # \_ 2 Number of Bedrooms Proposed: 3 Lot size: 4.938Ac Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_\_ 50 ft. Type of System: Conventional \_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields \_\_/ Number of Lines per Field \_\_ Length of lines \_\_/oof. 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. Authorized Agent for Harnett County Health Department Musi R.S. Date: 8/29/2001 (Revised 2/96)CNSTRCT.WPD