HARNETT COUNTY HEALTH DEPARTMENT

MPROVEMENT PERMIT

Nº 12695

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." Cecil MELEMORL IN New Installation Septic Tank Name: (owner) _____ Repairs | Property Location: SR#_//6 Nitrification Line Subdivision West Erwin Est. Lot # A _____ Quadrant # _____ Tax ID #_____ Number of Bedrooms Proposed: _________ Lot Size: _________ Basement with Plumbing: Garage: ☐ Well Water Supply: □ Public Community Distance From Well: 50t ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other That to shallow your likes Conventional Type of system: Pump Tank: 1000 gallons Size of tank: Septic Tank: _/000 gallons Subsurface No. of exact length width of depth of of each ditch 100 ft. ditches 3 ft. ditches 12 in. ditches Drainage Field French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist Maintain Setbacks Contractor to meet on site prior to installing b' cour required over system Disc grass in system area House with Basement

HARNETT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO CON TRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 12695 . 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 _____ _ _ _ _ _ _ _ Whithington Cecil M& Lemore DX Name: _____ Lewis Whittington _____ Telephone # 897-6704 Address: P.O. Box 234 Frwin NC 28339 New Installation ______ Repair _____ Septic Tank _____ Nitrification Lines ______ Subdivision ____ West Einin Est ____ Lot # A Number of Bedrooms Proposed: ______ Lot size: _____/ac_____ Basement _______ With Plumbing ______ Without Plumbing ______ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional _ Other Punj to shellow conv lines Tank Volume: Septic Tank ______ gallons Pump Chamber ______ gallons **Nitrification Field Specifications** Width of ditches _____ ft. Depth of ditches _____ inches 6"cover required 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 (Revised 2/96)CNSTRCT.WPD