03-5-6267R

## HAR TOUNTY HEALTH DEPARTM

Nº20112

## IN... ROVEMENT 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) Kevin Bolyard	New Installation	Septic Tank
Property Location: SR# 1900 Hobby Rd.	Repairs	Nitrification Line
Subdivision		
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 25 Lo	ot Size: 6.6 42 dc	
Basement with Plumbing: Garage:		
Water Supply:   Well Public   Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal sys	tem on above captioned	property. Subject to
Type of system: Conventional 1250 Other 25%	Reduction	
8		
Subsurface No. of exact length of each ditch /00 fi	width of det. ditches ft. di	epth of tches 18.20 in.
French Drain Required: Linear feet	1 /	11
Date: 3/13/2007 2/21/2005		
This permit is subject to revocation if site plans or intended use change.		C. S.
plans or intended use change.  Environmental Health Specialist		
190	Drive w Ay	
	00.00	
	and and	4.10
* Maintain all 54 backs	L. Comment	
the contract of	ph S	
contour. 230' House	[Goale]	Land Charles
* Ditch that has		
been cut on	ō'	
property must be	1 De	1
filled in		
	CONT. Repair	
ANot to Jeale		

## HARNI COUNTY HEALTH DEPARTM AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20112 . 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, Property Location SR# C. 642Ac posed Lot Size Subdivision # Bedrooms Proposed TYPE OF SYSTEM [ New Installation [ ] Repair [ Septic Tank [ Nitrification Lines [ + Conventional [ ) Other 25% Reduction [ ] Basement [ ] With Plumbing [ ] Without Plumbing Water Supply: [] Well [Public Water Supply Minimum Well Setback: 56 Ft. Septic Tank 9d Pump Chamber 9d NITIRFICATION FIELD SPECIFICATIONS Number of fields / # of lines per field #5 Length of lines /00 Ft. Width of ditches \_\_\_\_\_\_ ft. Depth of ditches \_\_\_\_\_/8-2 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. 3/13/200 2/2//200 Signature of Authorized Agent for Harnett County of Harnett