HAR T CC TY HEALTH DEPARTM

HTE 04-5-8801R

IMPROVEMENT PERMIT

20818

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." Name: (owner) - P. L. PROPERTES ASHWORTH CUSTON HOMES New Installation & Septic Tank Property Location: SR# 1415 RAWLS CHURCHED TRepairs Nitrification Line Subdivision WYNDHAM PLACE ____ Lot # 14 Quadrant # Tax ID# Number of Bedrooms Proposed: 3 Lot Size: 62 Ac Basement with Plumbing: Garage: N Public ☐ Well Community Water Supply: Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: **Conventional** ☐ Other Size of tank: Pump Tank: gallons Septic Tank: 1000 gallons Subsurface No. of width of ditches 3 ft. exact length depth of ditches 3 of each ditch 100 ft. Drainage Field ditches 18 in. French Drain Required: Linear feet Date: 5 24 04 SARS COLIVER TOLISONS This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * MAINTAIN ALL SETBACKS (INCLUDING CREEK SETOACK) * CALL NITH ANY QUESTIONS PRIOR TO INSTALLATION 187 D LPP REPAIR 60 E

HARNETT COUNTY DEPARTMENT OF PUPLIC YEALTH AUT ZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 20818 . 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.
R.L. PROPERTIES 639-4295
Name Telephone #
221 POPE LAKERO ANGIER NC 27501 Address
1475 RAWLS CHURCH RD Property Location SR#
Road Name
WYNOHAM PLACE 14 3 .62Ac Subdivision Lot # Bedrooms Proposed Lot Size
Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [] Repair Septic Tank Nitrification Lines
Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: 100 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines 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.
M. V. II
The state of the s
Signature of Authorized Agent for Harnett County