HARN [COUNTY HEALTH DEPARTM]

HTE 04-5-8833R

IMPROVEMENT PERMIT

21141

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) Robby & Kathy Benedy K

Property Location: SR# 1439 wheeler Dr.

New Installation Repairs Nitrification Nitrification Line Lot # _ 3 Subdivision Ne. 16 Creek Forms Garage: Basement with Plumbing: Public ☐ Well Water Supply: Community Distance From Well: 50 ~ ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Septic Tank: 1000 gallons 10 Pump Tank: 1000 gallons Type of system: Size of tank: width of depth of ditches 3 ft. ditches 18 in. M4x Subsurface No. of exact length of each ditch ft. Drainage Field French Drain Required: Linear feet Date: 3/15/2001
Signed: Moint.
Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. * Maintain all set backs * Lunditcher on contour * Justy line shouldbe approx. 150' 5d 40 2" XUSC 1/2 top * pump should be at least 23gpm @ 18'TOH * Drow down is Tincher * Contractor to meet on-site for location of drainfield * Not to reale

HARNETT CC TY DEPARTMENT OF PUBL HEALTH AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 2114 . 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. |
|---|
| Robby & Kathy Benefit 9698 Name Telephone # |
| Address |
| Property Location SR# Road Name |
| No. 1/2 Creek Farm 3 45 pm 5.97 Ac Subdivision Lot # # Bedrooms Proposed Lot Size |
| TYPE OF SYSTEM |
| [New Installation [] Repair [Septic Tank [] Nitrification Lines |
| [] Conventional [] Other Pomp to Min tee ve 25% Reduction Tysten |
| [] Basement [] With Plumbing [] Without Plumbing |
| Water Supply: [] Well [Public Water Supply Minimum Well Setback:Ft. |
| Septic Tank |
| NITRIFICATION FIELD SPECIFICATIONS //O |
| Number of fields/ # of lines per field Length of lines Ft. |
| Width of ditches ft. Depth of ditches / ft inches MAX |
| 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. |
| Signature of Authorized Agent for Harnett County |