HARN COUNTY HEALTH DEPARTMF

HTE 04-5-10342R

IM. ROVEMENT PERMIT

21239

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) HAROLD ROGER STIKES New Installation & Septic Tank Property Location: SR# 1139 TINGEN Ro

Repairs Nitrification Line BARBECUE Subdivision Lot # 6 Tax ID #____ _____Quadrant # _____ 3 Lot Size: 6.584C Number of Bedrooms Proposed: Basement with Plumbing: Garage: N Public Water Supply: Well Community 50 Distance From Well: ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: **X** Conventional Other Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons Subsurface No. of exact length width of depth of of each ditch 75' Drainage Field ditches ditches 3 ditches 24-30 in. French Drain Required: Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * MAINTAIN ALL SEBACKS & CALL WITH ANY QUESTIONS BRIDG TO INSTALLATION 1208 REPAIR AREA 150

5R1139

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUT___RIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 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.
HAROUS ROSER SYKES 919-499-0600 Telephone #
120 RIPLET RO CAMERON NC 2832L
Property Location SR# Road Name
BARBECUE HEIGHT & 3 6.58 AC Subdivision 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:Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields# of lines per fieldH Length of linesFt.
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.
Signature of Authorized Agent for Harnett County Date