HAR T COUNTY HEALTH DEPARTM

HTE 65-5-11746 ZR INTROVEMENT PERMIT

22007

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) M. Level Shrieves New Installation & Septic Tank Property Location: SR#/415 RANIS (HUNCH 12) Repairs Nitrification Line Subdivision Wyndom Places Lot # 29 Tax ID # ____ Quadrant # _____ Number of Bedrooms Proposed: _____ 3 ___ Lot Size: _____ 26,054 sq === Garage: Basement with Plumbing: Water Supply: Public Well Community ft. Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. DOther 25% Reduction Ses fe Conventional Type of system: Septic Tank: 1000 gallons Pump Tank: _____ Size of tank: Subsurface width of No. of exact length of each ditch 80 ft. ditches ditches 247/8 in. Drainage Field ditches Linear feet French Drain Required: Date: This permit is subject to revocation if site Environmental Health Specialist plans or intended use change. 50 26 Terrore TENZACE

STREET

05-5-11746-22

HARNETT COUNTY DEPARTMENT OF PU IC HEALTH AU ... IORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by 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.
Michael Skrieves 919-868-7003 Name Telephone #
Address Address N.C. 27501
Property Location SR# Road Name
Property Location SR# Road Name
Wyndan Place 29 3 26094557 Subdivision Lot# #Bedrooms Proposed Lot Size
Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [] Other 75% Reduction Syst
[] 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 field \$\frac{2}{3}\$ Length of lines Ft.
Width of ditches $\underline{}$ ft. Depth of ditches $\underline{}$ 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