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## H. ETT COUNTY HEALTH DEPAR

## ENT

Nº16347

## PROVEMENT PERIVIL

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) Stafford Cand Co Charles Nows Den New Installation Septic Tank
	Property Location: SR#_NC 87
	Subdivision Stanwood @ Overfield Lot # 93
	Tax ID # Quadrant #
	Number of Bedrooms Proposed: The Lot Size:
	Basement with Plumbing: Garage:
	Water Supply:  Well Public  Community
	Distance From Well: 50 ft.
	Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  Type of system:   Conventional  Other Polystyrae Agreeate Trench
	gardin garding
	Subsurface No. of exact length of exact length of each ditches ft. ditches ft. ditches ft. ditches ft. ditches ft. ditches ft.
	French Drain Required: Linear feet
	This permit is subject to revocation if site plans or intended use change.  Date: Signed: Environmental Health Specialist
	(178') * PStut ont shallow
	Britionmental Health specialist  # BSfut out shallow  Suptem law out  maintain setbord  maintain setbord
	a Suptem Tour ors
	a maintain setback
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	1"=50"

## HA ETT COUNTY HEALTH DEPAI ENT AUT\_\_\_ RIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 10347. 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.

Owner or Authorized Agent	
Name: Stafferd Card Co/ Charles Novis Telephone # 977-4848	
Address: 33 Yorkin Ct. Cameron NC	
Property Location: SR # Nc 24/87 Road Name NC 24/87	
New Installation Repair Septic Tank Nitrification Lines X  Subdivision Stanwood of Ownhells Lot # 93	
Number of Bedrooms Proposed: Thele Lot size:	
Basement With Plumbing Without Plumbing	
Water Supply: Well Public Minimum Well Setback: 50 ft.  Type of System: Conventional Other Polyphyrers Hyplegak Trunch  Tank Volume: Septic Tank gallons Pump Chamber gallons	
Nitrification Field Specifications	
Number of fields Number of Lines per Field Length of lines	
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.	
Name: Date: Date:	