00-50000185

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## TT COUNTY HEALTH DEPART

Nº 16717

## IMPROVEMENT PERMIT

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." Keynor Dilder New Installation Septic Tank Name: (owner) Property Location: SR# Nitrification Line Subdivision Tax ID #\_\_\_\_\_ \_\_\_\_\_ Quadrant # \_\_\_ \_\_\_\_ Lot Size: 1.96 9 Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: Public Public ☐ Well Community Distance From Well: 50 min ft Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other loystyreae Aggregate Trench System INWS-85-31 Type of system: ☐ Conventional Septic Tank: 1600 gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface exact length width of depth of ft. ditches /8 in. MAX Drainage Field ditches of each ditch / ft. ditches\_ French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site Signed: \_ plans or intended use change. Environmental Health Specialist \* Maintain allreguired setbacks \* Late drain ditch to be NO Closer to fond than shown on permit \* Ditches to be run on contour & NO DEEPER than 18 inches \* House must be moved as drawn on pernit 15 - 37

## HARNETT COUNTY HEALTH DEPARTMENT AUTHC\_\_IZATION TO CONST...JCT

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

Owner or Authorized Agent	
Name: Raynor Po. Ider Inc.	Telephone # 639-2011
Address: 1281 Jackson Kingld. Willow Springs WC 27592	
Property Location: SR #	
New Installation Repair Septic T	Tank Nitrification Lines
Subdivision Cross Lak Place	
Number of Bedrooms Proposed: Lot	size: _/_969 Ac
Basement With Plumbing	Without Plumbing
Water Supply: Well Public Min	nimum Well Setback:ft.
Type of System: Conventional Other tolystyrea e Agregate Trend System I wws-95-3/	
Tank Volume: Septic Tank gallons	Pump Chamber gallons
Nitrification Field Specifications	
Number of fields/_ Number of Lines per Field _	$\frac{3}{2}$ Length of lines $\frac{100 \text{ ft}}{2}$
Width of ditches ft. Depth of ditches inches MAL	
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:	