00-5000259

## HARNI — COUNTY HEALTH DEPARTME

Nº18137

## 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."

from the Harnett County Health Departmen	nt,"	disposar of sewage without first o	botaning a written perm
Name: (owner) Dale 9	loung	New Installation	Septic Tank
Property Location: SR# // 2	5-0	Repairs	Nitrification Line
Subdivision Carlie	Hills	Lot	# 27
Tax ID #		Quadrant #	
Number of Bedrooms Proposed:	1 hree	_ Lot Size:	
Basement with Plumbing:	Garage:		
Water Supply:  Well  Publi		nity	
Distance From Well:50	- ft.		
Following is the minimum specifications final approval.	s for sewage disposa	l system on above captioned p	property. Subject to
	An and		
Size of tank: Septic Tank:	gallons	Pump Tank: gal	lons
Subsurface No. of Orainage Field ditches	exact length of each ditch	width of definition definition with the definition of the definiti	epth of 18 in.
French Drain Required:	Linear feet	ne of	2 200
This permit is subject to revocation i plans or intended use change.	f site Signe	1/12/11	Ith Specialist
(13	15')		
		*maint ai	n setbacks n contour
		+ lines of	n contour
The LPP	Repair		
50)	(30)	184,	
237' 3B	SR . 37'	>	
MINE	9		

## AUT... ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18/37 \_\_\_, 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 \_ Telephone # 639 \_\_\_\_ Road Name Lemus Property Location: SR# Repair \_\_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_\_ Number of Bedrooms Proposed: / Mll Lot size: Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_\_ Minimum Well Setback: 50 ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_\_ Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields \_\_\_\_\_ Number of Lines per Field \_\_\_\_\_ Length of lines SOfter Width of ditches 3 ft. Depth of ditches 18 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. Authorized Agent for Harnett County Health Department

(Revised 2/96) CNSTRCT. WPD