HARN COUNTY HEALTH DEPARTMENT Nº 17499
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 Department."	
Name: (owner) R.L. Properties	
Property Location: SR#_1006 010 STAGE	
Subdivision WywwnIdgE	Lot #
Tax ID #	
Number of Bedrooms Proposed: 3	
Basement with Plumbing: Garage:	
Water Supply: Well Public Commun	네 (1 888) 시스트
Distance From Well:ft.	
Following is the minimum specifications for sewage disposational approval. Type of system: Conventional Other	
Size of tank: Septic Tank: 1000 gallons	
Subsurface No. of exact length of each ditch 10	
French Drain Required: Linear feet	
Date	11-16-00
This permit is subject to revocation if site	ed: <u>Qames & Markarters</u> . Environmental Health Specialist
plans or intended use change.	Environmental Health Specialist
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*	IF HOME IS MOVED BACK to 60-65
mayne	Pussible to GET conventional system!
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Authorization is hereby given to construct a wastewater system to the specifications described 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: R.L. Properties Telephone # 639-4285 Address: 4590 011) Buies Creek Rd Argien N.C. 27501 0 Property Location: SR # 1006 Road Name 01D STAGE New Installation ____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Wy No nidge Lot # 5 Number of Bedrooms Proposed: 3 Lot size: 157 Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional ____ Other ____ Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons Nitrification Field Specifications Number of fields _____ Number of Lines per Field _____ Length of lines _______ Width of ditches 3 ft. Depth of ditches 18.70 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 Name: James & Markent Elles Date: 11-16-00

(Revised 2/96) CNSTRCT. WPD