01-50001696

## IMPROVEMENT PERMIT

Nº17962

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." Michael New Installation Septic Tank Name: (owner) Property Location: ☐ Repairs Nitrification Line Subdivision Lot# Ouadrant # Tax ID #\_\_\_\_ Number of Bedrooms Proposed: \_\_\_\_\_Lot Size:\_ Basement with Plumbing: Garage: Water Supply: Public ☐ Well Community Somi - ft. Distance From Well: \_ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other \_\_\_\_ Size of tank: Septic Tank: \_/@\o gallons Pump Tank: \_\_\_\_\_ gallons Subsurface No. of exact length width of depth of 80\_ft. ditches\_ Drainage Field of each ditch\_ ditches ft. ditches\_ French Drain Required: \_\_\_\_\_ Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist \*Mi star all retbacks x Run ditches on contour INO DEEPER then 18: when \* Start with bottom ditch 10 Fd. on right property line +west up Lill House 30. 40 X50' 0 \* Not to scale

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## H VETT COUNTY HEALTH DEPA MENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17 962 ... 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: Michael Honeycutt Telephone # 919-639-2139 Address: 171 High Meadow Dr. Angier, N.C. 27501 Property Location: SR# 1439 Road Name Web Dewing New Installation \_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_ Subdivision Johnson Faras I Lot # 7 Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: 50 ft. Type of System: Conventional \_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank /000 gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields \_\_\_\_\_ Number of Lines per Field \_\_\_\_\_ Length of lines \_\_\_\_\_ & ft. Width of ditches \_\_\_\_\_ ft. Depth of ditches \_\_\_\_ inches MAX 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: Duy M.J. R.S. Date: 4/17/2001 (Revised 2/96) CNSTRCT. WPD