01-50001859 - HA

COUNTY HEALTH DEPARTME

Nº17978

IN PROVEMENT 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."	
Name: (owner) Faul Roberts	New Installation Septic Tank
Property Location: SR# 40 / N	Repairs Nitrification Line
Subdivision Donie brook	
Tax ID #	Quadrant #
Number of Bedrooms Proposed:	Lot Size:
Basement with Plumbing: Garage:	
Water Supply: Well Public Communit	ty
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal final approval.	
	p to Conventional
Size of tank: Septic Tank: OOO gallons	Pump Tank: _/ OOO _ gallons
Subsurface No. of exact length of each ditch 75	width of depth offt. ditchesft. ditches in.
French Drain Required: Linear feet	11
	5/7/2001
This permit is subject to revocation if site plans or intended use change. Signed	
plans of intended use change.	Environmental Health Specialist
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21' 49 x 1°	2.
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Road

AUTHORIZATION TO CONSTRUCT

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: Kul Roberts Telephone # 814-0383 Address: P. O. Box 187 Boic Creek N.C. 27506 Property Location: SR # 401 N Road Name _____ New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Donie brook Lot # 3 Number of Bedrooms Proposed: ______ Lot size: _____ Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional ____ Other tong to Conventional Tank Volume: Septic Tank /OOO gallons Pump Chamber /OOO gallons **Nitrification Field Specifications** Width of ditches _____ ft. Depth of ditches _____ 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: / Date: 5/7/2001

(Revised 2/96)CNSTRCT.WPD