07-5-2994

## HARNI COUNTY HEALTH DEPARTME

Nº 18675

## 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."

Name: (owner) TEFF HUBER/ RYAN KENDRICK BUILDERS New Installation Septic Tank
Property Location: SR# NC 27 Repairs Nitrification Lin
Subdivision SUMMERFIELD Lot # 5
Tax ID#
Number of Bedrooms Proposed: 3 Lot Size: 3.25Ac
Basement with Plumbing: Garage:
Water Supply:  Well  Public  Community
Distance From Well:ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.
Type of system: Conventional Other POLYSTYRENE A GOREGATE TRENCH
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of ditches 3 exact length of each ditch 80 ft. ditches 3 in.
French Drain Required: Linear feet
This permit is subject to revocation if site plans or intended use change.  Date: 36/01  Environmental Health Specialist  * MAINTAIN ALL  SETBACKS  * RUN LINES ON  CONTOUR  398  108  108  108  108  108  108  108  1

## ARNETT COUNTY HEALTH DEPART T AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct	a wastewater	system to the specificat	ions described by	
Harnett County Health Department, Improvement Permit # 18675. 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 owners				
JEFF HUBER/RYAN KENDRIC	L BUILDERS	910-89	10-3941	
Name		Telephone	#	
PO BOX 2105 LILLIA	IGTON			
Address	<b>.</b>			
HWYZT				
Property Location SR#		Road Name	e	
SUMMERFIELD E	5	3	3,25 AC.	
Subdivision	Lot #	# Bedrooms Proposed	Lot size	
TYPE OF SYSTEM				
			Ē	
New Installation [ ] Repair N Septic Tank   Nitrificiation Lines				
M				
[ ] Conventional Other [ ]Basement [ ]With Plumbing [ ] Without Plumbing				
Water Supply: [ ] Well   Public - Minimum Well Setback: \O O Ft.				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields / # of lines per field 3 Length of lines 80 Ft.				
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.				
Signature of Authorized Agent for Harnett County		11/26/01 Date	-	