H VETT COUNTY HEALTH DEPAR

ENT

Nº 18689

RIGHT OF WAY. NOT EDGE OF

ROAD

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) H. GLENN WILLIAMS Mew Installation Septic Tank SR# 1703 REO HILL CHURCH RD Property Location: ☐ Repairs Nitrification Line VILLAGE AT HUNTINGTON Tax ID #___ — Ouadrant # — .96 ACRES Number of Bedrooms Proposed: Lot Size: Basement with Plumbing: Garage: Water Supply: Well N Public ☐ Community Distance From Well: _____ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Pump To CONVENTIONAL Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches 4 of each ditch 75 ft. ditches 3 ft. ditches 12-14 in. Drainage Field French Drain Required: _____ Linear feet Date: _1/15/0 This permit is subject to revocation if site Signed: __ plans or intended use change. Environmental Health Specialist * MAINTAIN ALL SETBACKS * SUPPLY LINE SIBULD RON 133 EQUADISTANT FROM HOUSE AND PROPERTY LINE SEX DBOX AT HIGHEST POINT * LINE FURTHEST From HOUSE: CENTER OF TRENCH MUST 350 368 BE 11.5' FROM FRONT PROPERTY LINE (EDGE OF RIGHT OF WAY) 6" OF COVER NEEDED OVER ENTIRE FIELD REPAIR FRONT PROPERTY IS EDGE OF

JARNETT COUNTY HEALTH DEPART T THORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #		
Name WILLIAMS	910-	567- Cagn
Name	910-567- G094 Telephone #	
Address Beanch Ro Dunn		
Property Location SR# REO HILL CHURC	H RO	
	Re	oad Name
THE VILLAGE AT HUNTINETON 10 Subdivision	3	,96 ACRES
Subdivision Lot #	# Bedrooms Propose	,96 _{ACRES}
New Installation [] Repair Septic Tank Nitrificiation Lines [] Conventional Other Punct To Conv. [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well Public - Minimum Well Setback:		
Number of fields# of lines per field Length of lines 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.		
ignature of Authorized Agent for Harnett County) 15/02 Date	