

## 'COUNTY HEALTH DEPARTMI

№ 18705

## IMPROVEMENT PERMIT 02-5-3835

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."

			New Installation Repairs	Septic Tank  Nitrification Line
Subdivision Sunje	TRidge =	2	Lot	1# 54
Number of Bedrooms	Proposed: 3	(80xx)	Quadrant # Lot Size: 169 x 133 x 1	69 X100
Basement with Plumb	oing:	Garage:	Ollina - Note If you	Add the diamen
Water Supply:	Well 🔯 Pul	olic	allow - Note If you	28×4
Distance From Well:	50	ft.		
Following is the minin	num specificatio	ns for sewage disposa	al system on above captioned	property. Subject to
final approval.  Type of system:	Conventional	Other		
			Pump Tank: ga	
			width of 3 d ft. ditches 3 ft. d	
This permit is subject plans or intended us	ct to revocation	Date: Signe	ed: 97 WARI Environmental Hea	
	12	8705	99. TOP B	PAR
Da.VE 40	28 65 36 x 7 3			100
	17,	110	1 13	
STUB and P Follow cont	Unabing wh	The shown Are not Drive on p	and Shallow - Maintain mike on siptic System	- All set Backs

## AL HORIZATION TO CL. STRUCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 18705 . 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 Sante Bulder Name: \_\_\_\_\_\_ Telephone # 9/9-721-07 64 Property Location: SR# 1139 Road Name \_\_\_\_\_ New Installation Repair Septic Tank Nitrification Lines Subdivision Sunct Ridge 2 Lot #54 Number of Bedrooms Proposed: 3(28×65 Lot size: 169x100 x 169x100 Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_\_ Minimum Well Setback: \_\_\_\_\_ ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank \_\_\_\_\_ gallons Pump Chamber \_\_\_\_\_ gallons **Nitrification Field Specifications** Number of fields \_\_\_\_ Number of Lines per Field \_\_\_\_ Length of lines \_\_\_\_\_ 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 (Revised 2/96)CNSTRCT.WPD