HARNE **COUNTY HEALTH DEPARTME**

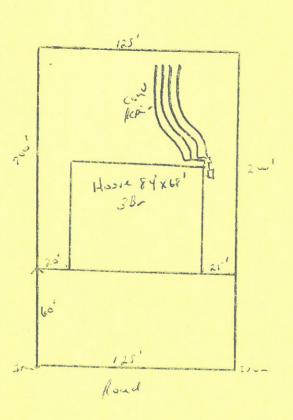
No 17678

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." New Installation E Septic Tank Name: (owner) 5. bace Contractors Property Location: Repairs Nitrification Line Subdivision Ad. Tax ID #_ _____ Ouadrant # _ Number of Bedrooms Proposed: _ Lot Size: Basement with Plumbing: Garage: Water Supply: ☐ Well Public Community Distance From Well: 50 min ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other ____ Septic Tank: _____ gallons Size of tank: Pump Tank: _____ gallons Subsurface No. of exact length width of depth of Drainage Field ditches of each ditch 60 ft. ditches 3 ft. ditches 10 21 in. French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change.

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Environmental Health Specialist

TARNETT COUNTY HEALTH DEPARTMENT AND THORIZATION TO CONST. JCT

Authorization is hereby given to construct a wastewater system to the specifications described by				
Harnett County Health Department, Improvement Permit # 17678. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.				
This authorization will be invalid i	f ownership, site p	lans, or intended use c	hange.	
G. bean Contractor		919	9. 679 - 1100	
S. been Contractors		Tel	ephone #	
P.O. Dex 969 Age, N. Address				
/477 Property Location SR#		Wed	Dennis	
		Road Name		
Adams Pointe	7	3	.576 Ac	
Subdivision	Lot #	# Bedrooms Proposed	Lot size	
	TYPE OF S	SYSTEM		
[New Installation [] Repair [Septic Tank [] Nitrification Lines				
[Conventional Other				
[] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well [] Public - Minimum Well Setback:Ft.				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields / # of lines per field / Length of lines 60 Ft.				
Width of ditches 3 ft. Depth of ditches 18.24 inches				
French Drain: Linear feet required Depth of gravel				
No wastewater system shall	l 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.				
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Signature of Authorized Agent for Harnett C	'ounts	2/20/2002		
The state of the state	ounty	Date		