02.5-2956

HAANETT COUNTY HEALTH DEPAR'S ENT

Nº 17681

IMPROVEMENT PERMITOR-5-3956R

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 Septic Tank 1 KeithBilock Name: (owner) Property Location: ☐ Repairs Nitrification Line Subdivision Lot # (0 Tax ID #_ _____ Ouadrant #_____ Lot Size: S& Ac Number of Bedrooms Proposed: _ 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 ____ Septic Tank: /000 gallons Size of tank: Pump Tank: _____ gallons Subsurface No. of exact length of each ditch depth of Drainage Field ft. ditches ft. ditches / 24 in. French Drain Required: _____ Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist y Rundildes on center.

Road

ARNETT COUNTY HEALTH DEPARTI AUTHORIZATION TO CONSTRUCT

02-5-3956R

Authorization is hereby given to construct a wastewater system to the specifications described by
Harnett County Health Department, Improvement Permit # /7 6 . This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.
i his authorization will be invalid if ownership, site plans, or intended use change
Name C. bsc. Contractor Keith Bullock 919-679-6100 919 6397424 Telephone #
Address Per Sex 969 Arg. en N.C. 27501 72 Overlack Ct. Ange N.C. 27501
Address Address
Property Location SR# Road Name Ld. Road Name
Holeans You le 10 3 Stac Subdivision Lot # Bedrooms Proposed Lot size
TYPE OF 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 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 Date 2/2/2602 4/22/2003
Date