HARNETT COUNTY HEALTH DEPARTMET

Nº20148

IM. ROVEMENT 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." Freddie Joseph New Installation Septic Tank Name: (owner) SR# 1513 Niell's Creek Rd ☐ Repairs Property Location: Nitrification Line Subdivision Lot # 7 ____ Ouadrant # ___ Tax ID #_ Lot Size: 10. 10Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Well Water Supply: ☐ Public ☐ Community 100 ft. Distance From Well: ____ Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. 1 Other 25 % Reduction System Type of system: Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons Subsurface exact length width of depth of of each ditch ft. ditches ft. ditches in. No. of Drainage Field ditches French Drain Required: _ _____ Linear feet Date: __ This permit is subject to revocation if site plans or intended use change. * Mantain all retbacks * Runditche on contour 3B-* Not to scale

HARN COUNTY HEALTH DEPARTM CAUTHORIZATION TO CONSTRUCT

| by Harnett County Health Department, Improvement Permit # 20148. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. |
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| This authorization will be invalid if ownership, site plans, or intended use change. |
| Name Freda: c Joseph Place 639 7566 Telephone# |
| Name 919 639 7566 Telephone# Address Ang N. C. 2 2501 |
| Property Location SR# Read Name |
| Subdivision No. 10 Ac Subdivision Lot # # Bedrooms Proposed Lot Size |
| Lot # Bedrooms Proposed Lot Size |
| TYPE OF SYSTEM |
| [New Installation [] Repair [Septic Tank [] Nitrification Lines |
| [] Conventional [] Other 25% Reduction System |
| [] Basement [] With Plumbing [] Without Plumbing |
| Water Supply: [-] Well [] Public Water Supply Minimum Well Setback: Ft. |
| Septic Tank /000 gd Pump Chamber god |
| NITIRFICATION 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 of Harnett Date |