HARNET

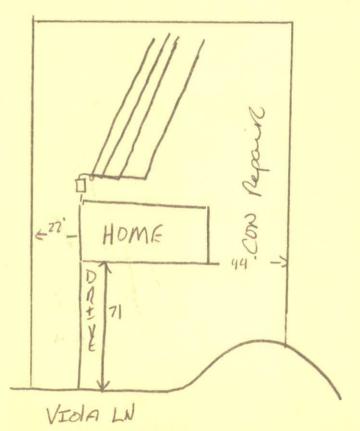
## DUNTY HEALTH DEPARTMENT

## 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." Kreege Tox New Installation Septic Tank Name: (owner) Stake thather Smith Property Location: ☐ Repairs Nitrification Line Lot #\_\_\_\_\_\_\_ Subdivision \_ SANG Ouadrant # Tax ID #\_ Lot Size: , 60 nere Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other \_\_\_\_ Septic Tank: 10000 gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface 3// No. of exact length width of 3 37 6 depth of of each ditch 75 ft. ditches 18-20 in. Drainage Field ditches French Drain Required: \_\_\_\_\_ Linear feet

This permit is subject to revocation if site plans or intended use change.

Signed: Market & & & & Environmental Health Specialist



## H ETT COUNTY HEALTH DEPARTMENT AU ...ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19/62. 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.			
Falo Luath South 1/2000 OCIE WELL			
Name / Name	400	Telephone	<i>4</i> >76
Stalcy + KAthy Small / Gregory Name  800-A-N ralaigh ST Af Address	rgien	D.C. 27501	
1245		OID sures	Creek rel
Property Location SR#	Road Name		
Subdivision Crove	17	# Bedrooms Proposed	. 66
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 4 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	ug	4-16-01 Date	