02-5-4892

## HARITT COUNTY HEALTH DEPARTM

Nº 19523

## 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."

Name: (owner) DAVIO STEPHENS New	w Installation Septic Tank	
Property Location: SR# 1439 WED DENNING Rep		
Subdivision NEILLS CREEK FARM	Lot #_ 136	
Tax ID # Qua	drant #	
Number of Bedrooms Proposed: Lot Size:	1.31996	
Basement with Plumbing: Garage:		
Water Supply: Public Community		
Distance From Well: ft.		
Following is the minimum specifications for sewage disposal system on abfinal approval.		
Type of system: Conventional Other Low PRESSUR	E PIPE SYSTEM	
Size of tank: Septic Tank: 1000 gallons Pump Tank:	1000 gallons	
Subsurface No. of exact length width of each ditch 128 ft. ditches	f depth of ft. ditches \ 8 in.	
French Drain Required: Linear feet		
This permit is subject to revocation if site plans or intended use change.  Date: Signed: Envir	conmental Health Specialist	
*SEE ATTACHMENTS FOR SYSTEM LOCATION A	ND SPECIFICATIONS	
* LARGER SYSTEM REQUESTED BY APPLIC	ANT	
* MEET ON SITE PRIOR TO INSTALLATION		
* MAINTENANCE CONTRACT REQUIRED PRIOR	TO ISSUANCE OF	
OPERATIONS PERMIT		

## HA TT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Harnett County Health Department, Improvement Permit # 1953 . 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.			
DAVIO STEPHENS	814-3563		
POBOX 202 LILLINGTON NC	27546		
Address			
Property Location SR#	1439 WEO DENNING RO  Property Location SR# Road Name		
Name Company	2	ad Name	
NEILLS CREEK FARM 136 Subdivision Lot#	# Bedrooms Propose	1.3MAC	
. 200	Dearcoms Tropose	200 3120	
TYPE OF SYSTEM			
New Installation [ ] Repair M Septic Tank Nitrificiation Lines			
[ ] Conventional Other LPP System [ ]Basement [ ]With Plumbing [ ] Without Plumbing			
Water Supply: [ ] Well Public - Minimum Well Setback: 100 Ft.  Septic Tank 1000 Pump Chamber 1000			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields \\ \mathbb{Z} \\ \mathbb{Z} \\ \mathbb{B} \\ \mathbb{E}			
Width of ditches ft. Depth of ditches \8 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	7/11/02 Date		