HARNETT COUNTY HEALTH DEPARTMENT

Nº 19553

IN. ROVEMENT PERMI. 03-5-5255

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) 57 Afford Custon Homes New Installation Septic Tank
Property Location: SR#_NC 87
Subdivision STARWOOD At Overbills Lot # 86
Tax ID # Quadrant #
Number of Bedrooms Proposed: 3 (22 × 52 Lot Size: 36 × AC
Basement with Plumbing: Garage: Please note change In
Water Supply: Well Public Community house location or purp
Distance From Well: ft. Will Be Required Make Not Plan mate
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Other
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of depth of ditches No. of depth of ditches ft. ditches ft. ditches in.
French Drain Required: Linear feet
Date: 8-1-02
This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist
Environmental Health Specialist
103 10 5 Q 23 X 52 Q 24 X 52 Q 24 X 52 35 Q 24 X 52 35 Q 24 X 52 Q
Please note change In house location to Get and I Apump. Maintain All Set Backs StuB Out Plumbing Shallow - Obnot Drive orpark on septic system Meet on site

HA TT COUNTY HEALTH DEPARTMEN AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 9553. 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.
570KGrd Hones 910-692-9808
Name Telephone #
Address 87
Property Location SR# Road Name
STARWOOD At Overhill 86 3(20x52) 36416
Subdivision Lot # # Bedrooms Proposed Lot size
TYPE OF SYSTEM
New Installation [] Repair [Septic Tank] Nitrificiation Lines
() Normiciation [) Repair [) Septic Taux () Nitrinciation Lines
Conventional Other []Basement []With Plumbing [] Without Plumbing
Water Supply: [] Well Public Minimum Well Setback:Ft. Septic Tank Pump Chamber 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