#03-5-5339

HARN COUNTY HEALTH DEPARTMI

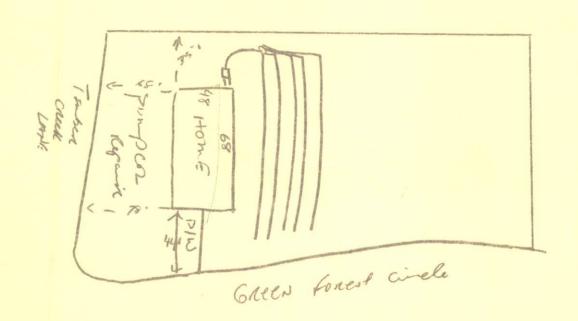
IMPROVEMENT PERMIT

Nº 15508

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) H 6/en Weltans New Installation Septic Tank SR# 4715 Repairs Nitrification Line Property Location: Lot #_ 3/ Subdivision Thy offe wood _____ Ouadrant # _____ Tax ID #_ Number of Bedrooms Proposed: ______3 Lot Size: 97 mil Basement with Plumbing: Garage: ☐ Well Public Water Supply: Community Distance From Well: 50° ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. ☑ Conventional Type of system: Other____ Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons exact length width of depth of of each ditch 75 ft. ditches 3 ft. ditches 18-20 in. Subsurface Drainage Field ditches French Drain Required: _____ Linear feet This permit is subject to revocation if site

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

Signed: ______ Environmental Health Specialist



HAI TT COUNTY HEALTH DEPARTMENT AUT__RIZATION TO CONSTRU(

| Authorization is hereby given to co | onstruct a wastew | ater system to the specifica | ations described by | |
|---|--------------------|------------------------------|---------------------|--|
| Harnett County Health Departmen | nt, Improvement | Permit # 15508 | This | |
| authorization shall be valid for a p This authorization will be invalid if | eriod not to excee | d five (5) years from the d | ate of issuance. | |
| | | | | |
| H Glenn WEllen | 23 | 910- | 567-6084 | |
| Name | | Telephone | ;# | |
| H Glenn WEllen Name 101 N Spring B Address | race rel | DUNN N.C. | 28334 | |
| Address | | | | |
| 421 | | 421 | | |
| Property Location SR# | Road Name | | | |
| Myntlewood | 3/ | 3 | 157 | |
| Subdivision | Lot# | # Bedrooms Proposed | Lot size | |
| | | | | |
| | TYPE OF S | <u>YSTEM</u> | | |
| | | | | |
| [New Installation [] Repair [] | Septic Tank [] N | litrificiation Lines | | |
| | | | | |
| [] Conventional Other | Basemer | nt []With Plumbing [] Wi | thout Plumbing | |
| | | [] | | |
| Water Supply: [] Well [1Public Septic Tank / 1000 | | etback:Ft. | | |
| NITRI | IFICATION FIELD | SPECIFICATIONS | | |
| Number of fields 7 # of Free | | 75 | _ | |
| Number of fields # of lines per field Length of lines Ft. | | | | |
| | | | | |
| Width of ditches ft. Deptl | h of ditches 18- | inches | | |
| | , | | | |
| French Drain: Linear feet required _ | Depth of | gravel | | |
| | | | | |
| No wastewater system sha | ll be covered or | placed into use by any | person until an | |
| inspection by the Harnett Co | unty Health De | partment has determin | ed that the system | |
| has been installed according | | | Permit and that a | |
| | perations Perm | it has been issued. | W. W. W. Company | |
| | 31 | | | |
| | | | | |
| Signature of Authorized Agent for Harnett | fores. | 8-19-02 | | |
| Signature of Authorized Agent for Harnett | County | 5-19-02 Date | = | |