## HARNITT COUNTY HEALTH DEPARTMENT

## IMPROVEMENT PERMIT

Nº19933

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) Kent Brace Inc                                   | New Installation Septic Tank                  |
| Property Location: SR#   | Repairs Nitrification Lin                     |
|  |   |
| Subdivision CRETUITU Et.                                       | Lot # 113                                     |
| Number of Bedrooms Proposed: 3 (50x48)                         | Quadrant #                                    |
| Number of Bedrooms Proposed: 3 (50x 48)                        | Lot Size: • (8 AC                             |
| Basement with Plumbing: Garage:                                | <u>a</u>                                      |
| Water Supply:  Well Public  Community                          |   |
| Distance From Well:ft.   |   |
| Following is the minimum specifications for sewage disposal sy | ystem on above captioned property. Subject to |
| Type of system: Conventional Other                             | mo to Conventional                            |
| Size of tank: Septic Tank: gallons                             | Power Touley 1003 called                      |
|  |   |
| Drainage Field ditches 3 of each ditch                         | width of 3 depth of 18-2 in.                  |
| Franch Drain Dequired  |   |
| Date: _  | 12-19-02<br>Ja WDRI                           |
| This permit is subject to revocation if site  Signed:          | (for WDR)                                     |
| plans or intended use change.                                  | Environmental Health Specialist               |
| 122  |   |
| 22.  |   |
| 45   |   |
| DRIVE  |   |
|  |   |
| 1 3 BR   | 453 153                                       |
| 5248   | Aren  |
|  |   |
|  |   |
| 23   | 9 1 1   |
|  |   |
| 97'  |   |
| STUB Out Shallow where show                                    |   |
| Mark out to make stown   | 100cks  |
| Meet Orsite Maintain all se                                    |   |
| 1 Do not Druc Da park on                                       | satic system                                  |

## HADNETT COUNTY HEALTH DEPARTMENTAL AU' DRIZATION TO CONSTRU

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 1933. 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.  |  |  |
| Kent Picace 424-1295   |  |  |
| Name Telephone #   |  |  |
| Address  |  |  |
| Property Location SR#  Road Name  (1) 1/1/W  1/3 3(50x18)  Yare  |  |  |
| Subdivision Lot # # Bedrooms Proposed Lot size   |  |  |
| TYPE OF SYSTEM  [ ] New Installation [ ] Repair [   Septic Tank [ ] Nitrificiation Lines   |  |  |
|  |  |  |
| [ ] Conventional Other With Plumbing [ ] With Plumbing [ ] Without Plumbing  |  |  |
| Water Supply: [ ] Well Public - Minimum Well Setback: 50 Ft.  Septic Tank Pump Chamber 1000  |  |  |
| NITRIFICATION FIELD SPECIFICATIONS   |  |  |
| Number of fields# of lines per field Length of lines Ft.   |  |  |
| Width of ditches $\underline{\underline{}}$ ft. Depth of ditches $\underline{\underline{}}$ 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   |  |  |