#03-5-6057

## COUNTY HEALTH DEPARTME

No 19880

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) BIM Burlders LLC Wew Installation ☑ Septic Tank Property Location: SR# 1566 Ropes Lake Road Repairs ☑ Nitrification Line Subdivision\_\_\_\_ Lot # Quadrant # Tax ID #\_\_\_\_ Lot Size: . . 654 Number of Bedrooms Proposed: Basement with Plumbing: Garage: Public Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: ☑ Conventional Other\_\_\_ Septic Tank: 1000 gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface No. of exact length exact length width of depth of of each ditch 150 ft. ditches 15 72 in. width of Drainage Field ditches Z START AT ZZ' French Drain Required: \_\_\_\_\_ Linear feet ANd 90 to 18' This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist \* IF System Layout WILL NOT FIT, Pump TANKWILL BE Required! 78HOME SR 1566 PODES LAKE ROAD

## TT COUNTY HEALTH DEPARTME AU1\_\_ORIZATION TO CONSTRUCT

| Harnett County Health Departm<br>authorization shall be valid for a | construct a waste               | water system to    | the specificati                 | ons described by   |
|---|---------------------------------|--------------------|---------------------------------|--|
| authorization shall be valid for a                                  | nariod not to                   | rermit#            | 1080                            | This   |
| •   | , one sup, sue p                | nuns, or intende   | ed use change.                  |  |
| BEM Builders  | 26                              |                    | 915 71                          | 7 /03 *  |
| Name  |                                 |                    | Telephone #                     | 7-5870   |
| Name  6187 NC 77 F  Address   | Conts                           | N.C.               | 27521                           |  |
| 1566  |                                 |                    | P                               | ,  |
| Property Location SR#   |                                 |                    | Road Name                       | she Rol  |
|   |                                 | 3                  | roug Paine                      |  |
| Property Location SR#  Subdivision                                  | Lot#                            | # Bedrooms         | Proposed                        | Lot size   |
|   | TYPE OF                         |                    |                                 |  |
|   |                                 |                    |                                 |  |
| [ ] New Installation [ ] Repair [ ]                                 | Septic Tank [ ]                 | Nitrificiation Lin | es                              |  |
| [   Conventional Other  | [ ]Baseme                       | ent [ ]With Plun   | nbing[] Witho                   | ut Plumbing  |
| Water Supply: [ ] Well [ Public - Septic Tank 1000                  | - Minimum Well S                |                    | Ft.                             |  |
| NITRI   | FICATION FIELI                  | D SPECIFICATION    | ONS                             |  |
| Number of fields # of lines   | per field Z                     | Length of line     | s <u>/80</u> Ft.                |  |
| Width of ditches ft. Depth of ditches z ? > t8 inches               |                                 |                    |                                 |  |
| French Drain: Linear feet required                                  | Depth of                        | f gravel           |                                 |  |
| No wastewater system shal   | l be covered or                 | placeding          |                                 |  |
|   |                                 |                    |                                 |  |
| and the same  | to the condition perations Perm | us of the Impi     | rovement Per                    | mit and that a   |
|   |                                 |                    | THE ROLL AND SHAPE OF RESIDENCE | HARLES WAS A STATE OF THE STATE |
|   | 1-                              |                    |                                 |  |
| Signature of Authorized Agent for Harnett C                         | afferd                          | /-3                | 70-                             |  |
| signature of Authorized Agent for Harnett C                         | ounty                           | Data               |                                 |  |

Date