#03-5-6075

## PROVEMENT PERMIT

Nº19877

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."

| nom the Harnett County Health Department.   |
|---|
| Name: (owner) Kerth by Hoch Builders Tak I New Installation I Septic Tank   |
| Property Location: SR#_1535_Mrtche// Repairs Nitrification Lin  |
| Subdivision H+R ACRES Lot # 2   |
| Tax ID # Quadrant #   |
| Number of Bedrooms Proposed:  |
| Basement with Plumbing: Garage:   |
| Water Supply:   |
| Distance From Well:ft.  |
| Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.  |
| Type of system: Conventional Other  |
| Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons  |
| Subsurface No. of 6 exact length of width of depth of ditches 5 of each ditch 60 ft. ditches 1 ft. ditches 2 in.  |
| French Drain Required: Linear feet  |
| Date:   |
| This permit is subject to revocation if site plans or intended use change.  Signed: Signed: Manhant from as Environmental Health Specialist   |
| Environmental Treater Specialist  |
| * WATER LINE TOBE   |
| 16' off mypart of<br>Septre System:   |
| Septie System:  |
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## HARN COUNTY HEALTH DEPARTM AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #/9877 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. |      |  |
|---|------|--|
| Name 1000 Bulles 639-742  | 24   |  |
| Name  RETH Bullocle Bulders  Name  72 Ovenlook CT Angika N.C. 27507  Address  |      |  |
| 1535 Property Location SR#  Road Name   |      |  |
| 2.504.4.1941.4  |      |  |
| H+12 Agrees Z 3 // Subdivision Lot # Bedrooms Proposed Lot S  | ize  |  |
| TYPE OF SYSTEM  |      |  |
| [ New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines   |      |  |
| [ ] Conventional [ ] Other  |      |  |
| [ ] Basement [ ] With Plumbing [ ] Without Plumbing   |      |  |
| Water Supply: [ ] Well [ ] Public Water Supply Minimum Well Setback:Ft.   |      |  |
| Septic Tank / 1000 Pump Chamber   |      |  |
| NITIRFICATION FIELD SPECIFICATIONS  |      |  |
| Number of fields Z # of lines per field 5 Length of lines 6   | Ft.  |  |
| Width of ditches 3 ft. Depth of ditches 18-22 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 of Harnett   | 9-03 |  |
| Signature of Authorized Agent for Harnett County of Harnett   | Date |  |