HARI T COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT

Nº20001

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." (u) ton Home New Installation Deptic Tank Name: (owner) Property Location: SR# Nitrification Line Subdivision STAR Wood ___ Lot #_ 72 ____ Quadrant # _____ Tax ID # Number of Bedrooms Proposed: 3 (28 x 32) Basement with Plumbing: Garage: 💢 Water Supply: Public ☐ Well ☐ 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: 100 Size of tank: Pump Tank: _____ gallons _ gallons Subsurface exact length of each ditch and ft. width of ditches ft. depth of ditches in. Drainage Field ditches French Drain Required: _ _____ Linear feet Date: 04-14-03 This permit is subject to revocation if site Signed: / L plans or intended use change. Environmental Health Specialist 18 121 DR.VF-CATRY 51 15X STUB Out Plumbing As high GAS Shallow As possible Maintain All Set Backs Do not DRIVE DR PARK ON System

HARN 'COUNTY HEALTH DEPARTM Γ AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #
This authorization will be invalid if ownership, site plans, or intended use change.
STAFFORD Cu) 70M Homes 9/3 692-980 V Name Telephone#
Address NC 87
Property Location SR# Road Name
Subdivision Road Name STAR Word O Dyrh. D. T. T.
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair Septic Tank Nitrification Lines Conventional [] Other
Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [Public Water Supply Minimum Well Setback: Ft.
Septic Tank 1095 gd Pump Chamber god
NITIRFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 245 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.
(or W-de) 04-14.00
Signature of Authorized Agent for Harnett County of Harnett Date