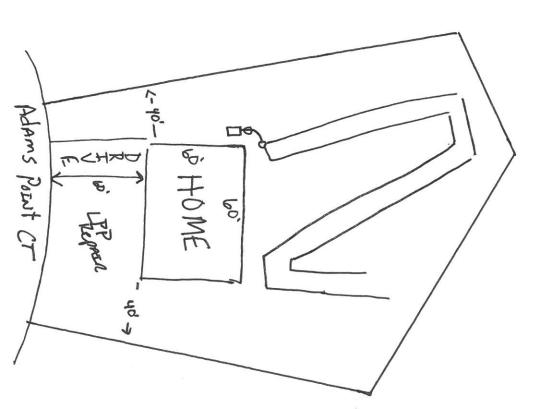
HARNETT COUNTY HEALTH DEPARTM

#03-5-7018 No 19997

IM-ROVEMENT PERMIT

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) KeIth Bullock Burldens INC New Installation Septic Tank Property Location: SR# 1439 Wed DENNING

Repairs Nitrification Line Subdivision Adams Pornt Tax ID #_ _____ Ouadrant # _____ Number of Bedrooms Proposed: 3 Lot Size: . 796 Basement with Plumbing: Garage: Water Supply: ☐ Well Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other ______ Septic Tank: 1000 gallons Pump Tank: _____ gallons Size of tank: Subsurface No. of ditches Z exact length width of depth of ditches Is. ditches Is. depth of ditches Is. ditches Is. depth of Drainage Field Linear feet French Drain Required: _ This permit is subject to revocation if site plans or intended use change.



HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 1997. 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.
KETH Bullack Butlders INC 919-639-7474 Name Telephone#
KETH Bullack Burldens Inc 919-638-7424 Name Telephone# 72 Ovenlook CT Argier N.C. 27501
1435 Property Location SR# Wed DRIVING Road Name
Adams Port 14 3 .796 Subdivision Lot # Bedrooms Proposed Lot Size
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[New Installation [] Repair [Septic Tank [Nitrification Lines
[1] Conventional [] Other
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [Well [Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1000 gel Pump Chamber gel
NITIRFICATION FIELD SPECIFICATIONS
Number of fields 2 # of lines per field 2 Length of lines 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.
Signature of Authorized Agent for Harnett County of Harnett Date
Signature of Authorized Agent for Harnett County of Harnett Date