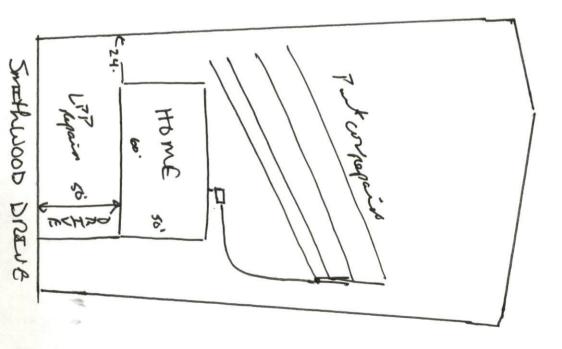
## HARNTT COUNTY HEALTH DEPARTM

## IMFROVEMENT 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) EVANS FENE HOMES INC	New Installation Septic Tank
Property Location: SR# 1943 Cafay EHE	☐ Repairs ☐ Nitrification Line
Subdivision V. H. Z	Lot #
Tax ID #	Quadrant #
Number of Bedrooms Proposed:	ot Size: 47, 850 85.
Basement with Plumbing: Garage:	
Water Supply:  Well Public  Community	
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal syst final approval.	
Type of system: Conventional Other	
Size of tank: Septic Tank: 1000 gallons Pu	mp Tank: gallons
Subsurface No. of exact length of each ditch ft	width of depth of ditches ft. ditches fin.
French Drain Required: Linear feet	
This permit is subject to revocation if site plans or intended use change.  Date: Signed:	6-25-03  amos E Markarof Environmental Health Specialist



## HARNE COUNTY HEALTH DEPARTMI AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #		
Name  ST2-1378  Telephone#  ZOI Mestywood Dr F.V. N.C. 27526  Address		
Property Location SR#  Road Name		
Road Haine		
V. H. E (80 3 47,850 55 ET) Subdivision Lot # Bedrooms Proposed Lot Size		
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 gd Pump Chamber god		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields Z # of lines per field 4 Length of lines 80 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		