HARN Γ COUNTY HEALTH DEPARTM

HTE 03-5-8320

IMPROVEMENT PERMIT

20325

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." ______ New Installation Septic Tank Name: (owner) Dany HUGAGS Nitrification Line Subdivision V. H. I Garage: Basement with Plumbing: Public □ Well ☐ Community Water Supply: Distance From Well: 501 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional ☐ Other Type of system: Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons Subsurface No. of No. of ditches 4 exact length of each ditch 100 ft. exact length width of depth of ditches 3 ft. Drainage Field ditches 20->18 in. French Drain Required: Linear feet Date: 12-4-03 This permit is subject to revocation if site Signed plans or intended use change. DEnvironmental Health Specialist HUME I Snethwood PR

HARN...' COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20325 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. 3055 010 raises creek RD Argies N.C. 77501

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LAFAREHE Road Name # Bedrooms Proposed Lot Size 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 /000 god Pump Chamber god NITIRFICATION FIELD SPECIFICATIONS Number of fields Z # of lines per field 4 Length of lines 100 Ft. Width of ditches 3 ft. Depth of ditches 20 -> 18 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