

Attempt
To Repair

10-20000107

HARNETT COUNTY HEALTH DEPARTMENT

No 17206

IMPROVEMENT 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) Raymond Matthaci New Installation Septic Tank
Property Location: SR# HWY 87 Repairs Nitrification Line
240 High Meadow Drive
Subdivision Stoney Creek Lot # 32

Tax ID # _____ Quadrant # _____
Number of Bedrooms Proposed: 3 Lot Size: _____

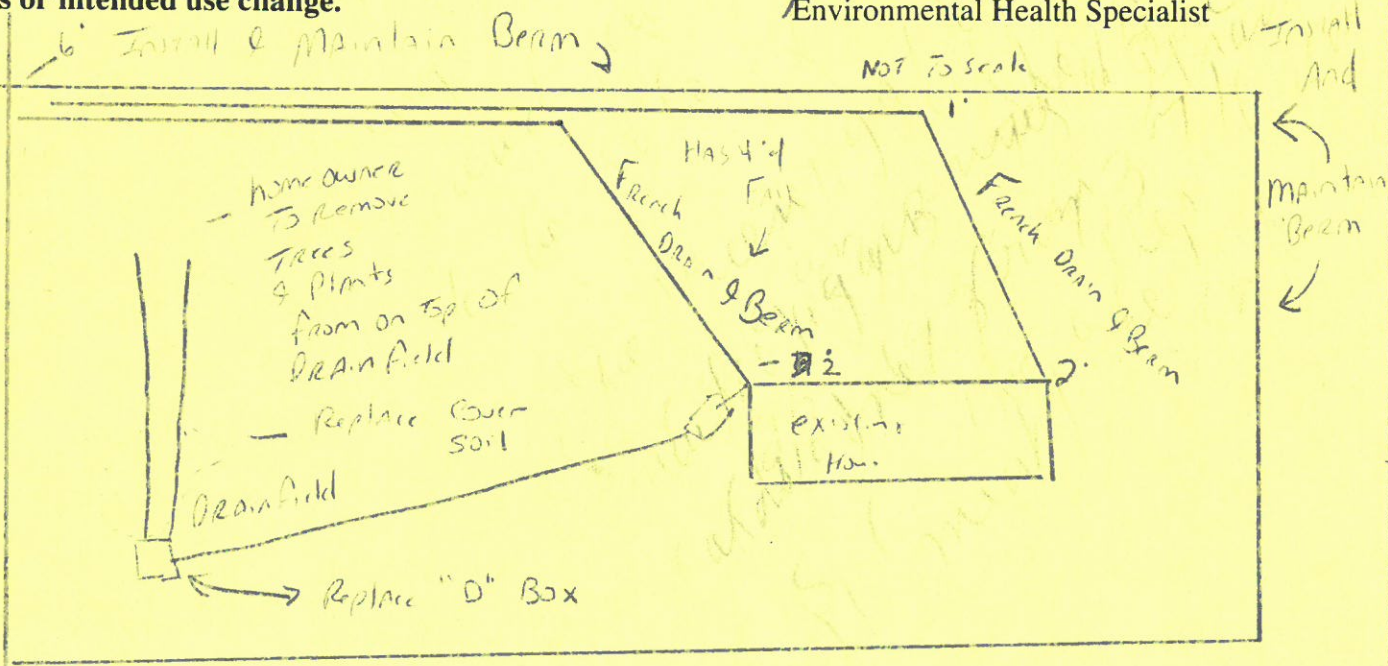
Basement with Plumbing: Garage: meat on site
Water Supply: Well Public Community
Distance From Well: _____ ft.

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: _____ gallons Pump Tank: _____ gallons
Subsurface Drainage Field No. of exact length width of depth of
ditches _____ of each ditch _____ ft. ditches _____ ft. ditches _____ in.
French Drain Required: _____ Linear feet

Date: 03-01-2000
Signed: Joe Westra
Environmental Health Specialist

This permit is subject to revocation if site plans or intended use change.



Rd TO HWY 87 →
This is an attempt to divert surface & subsurface water away from septic Area - START French DRAIN AT 42" & Run To Outlet
396-4249

HARTETT 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 # 17206. 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.

Owner or Authorized Agent Raymond Mathhaci

Name: _____ Telephone # 919-499-1528
W-396-1096

Address: 240 High Meadow Dr. Cameron NC 28324
Fax 396-4249

Property Location: SR # _____ Road Name _____

New Installation _____ Repair _____ Septic Tank _____ Nitrification Lines _____

Subdivision Stoney Creek Lot # _____

Number of Bedrooms Proposed: Existing Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public _____ Minimum Well Setback: _____ ft.

Type of System: Conventional X Other _____

Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields _____ Number of Lines per Field _____ Length of lines _____

Width of ditches _____ ft. Depth of ditches _____ inches

French Drain: Linear feet required 200 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.

Authorized Agent for Harnett County Health Department

Name: [Signature] Date: 03-01-2000

(Revised 2/96)CNSTRCT.WPD