## HAPNETT COUNTY HEALTH DEPART

PROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

Nº 17140.

| tion of any building at which a septic tank system is to be used for disp<br>from the Harnett County Health Department." |   |                 |
|--|---|-----------------|
| Name: (owner) Lisa W BARNES  | New Installation                          | Septic Tank     |
| Property Location: SR# 2048 Clayhole Road  |   |                 |
| Subdivision  | Lot                                       | #               |
| Tax ID #   | Quadrant #                                |                 |
| Number of Bedrooms Proposed: L   | ot Size:                                  |                 |
| Basement with Plumbing: Garage:  |   |                 |
| Water Supply:  Well Public  Community  |   |                 |
| Distance From Well:ft.   |   |                 |
| Following is the minimum specifications for sewage disposal system:  Conventional  Other                                 |   |                 |
| Size of tank: Septic Tank: 1000 gallons P  |   |                 |
| Subsurface No. of exact length Drainage Field ditches 6 of each ditch  |   |                 |
| French Drain Required: Linear feet   |   |                 |
| Date:  | 5-19-00                                   |                 |
| This permit is subject to revocation if site  Signed:  | Cames & Man<br>Environmental Hea          | Last III R.S.   |
| plans or intended use change. Wilkams town   | Environmental Hea                         | alth Specialist |
| Existing 2   | O' EASEMENT * Mai                         | itair all       |
|  | 20  | tbacks!         |
| Due Con  |   | WEIIS AKE       |
| 7 Repair   |   |                 |
| ST ST  |   | scovered within |
| CITCHING MH.   | 5   | D' Radius -     |
| EXISTING MH.   |   | VOIDS Permet    |
| 3 15,  | 121                                       |                 |
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|  | 16.0,0AB                                  |                 |
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| OFF   0 1011   | 24"                                       |                 |
| Partial  |   |                 |
| Congression  | en la |                 |
|  |   |                 |

## HARN T COUNTY HEALTH DEPARTMENT AUTHCAIZATION TO CONST JCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17140 . 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  |  |  |
|--|--|--|
| Name: Lisa W BARNES Telephone # 639-9199   |  |  |
| Address. \$15 N Benton ST Angier N.C. 27501  |  |  |
| Property Location: SR# 2048 Road Name Clayhole   |  |  |
| New Installation Repair Septic Tank Nitrification Lines  |  |  |
| SubdivisionLot #   |  |  |
| Number of Bedrooms Proposed: 4 Lot size:   |  |  |
| Resement With Plumbing Without Plumbing  |  |  |
| Water Supply: Well Public Minimum Well Setback: ft.  |  |  |
| Type of System: Conventional Other   |  |  |
| Tank Volume: Septic Tank 1600 gallons Pump Chamber gallons   |  |  |
| Nitrification Field Specifications   |  |  |
| Number of fields Number of Lines per Field Length of lines (60   |  |  |
| Width of ditches ft. Depth of ditches leading 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. |  |  |
| Authorized Agent for Harnett County Health Department  |  |  |
| Name: Same & Martantons. Date: 5-18-00   |  |  |
| (Revised 2/96)cnstrct.wpd  |  |  |