F "NETT COUNTY HEALTH DEPAI

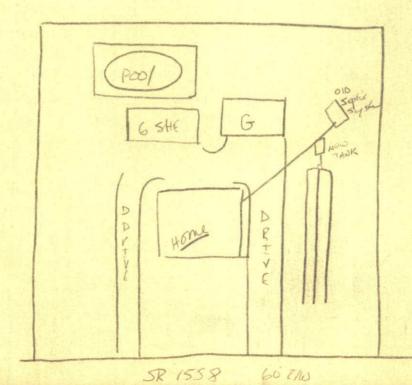
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Nº 17148

IN PROVEMENT PERIMIT

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."

from the Harnett County Health Department."	
Name: (owner) Robert R Jenkins	
Property Location: SR# SK 1558 [benezen Church	Repairs Nitrification Line
Subdivision	Lot #
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 4	
Basement with Plumbing: Garage: [
Water Supply: Well Public Community	y
Distance From Well:ft.	
Following is the minimum specifications for sewage disposal sfinal approval.	system on above captioned property. Subject to
Type of system:	
Size of tank: Septic Tank: 1000 gallons	Pump Tank: gallons
Subsurface No. of exact length of each ditch 100	width of depth of ft. ditches 3 ft. ditches 29 in.
French Drain Required: Linear feet	
Date: _	6-12-00
This permit is subject to revocation if site Signed:	Environmental Health Specialist
plans or intended use change.	Environmental Health Specialist
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HAPPETT 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 # 17148 ... 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 Robert R Venkins Name: ______ Telephone # 894-7231 Address: 2588 Ebenezen Church Rd Conts N.C. 27521 Property Location: SR # 1558 Road Name Ebenezen Church New Installation ____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision _____Lot # Number of Bedrooms Proposed: ______ Lot size: ______ Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well ____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional _____ Other ____ Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields ____ Number of Lines per Field ____ Length of lines ____ /o o 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. **Authorized Agent for Harnett County Health Department** Name: James Mahford Date: 6-14-00

(Revised 2/96) CNSTRCT. WPD