## IMPROVEMENT PERMIT

Nº 14707

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." Septic Tank Name: (owner) Keth Bollock New Installation Property Location: SR#\_/606 Nitrification Line ☐ Repairs Lot #\_\_\_4 Quadrant #\_\_\_\_\_ Tax ID #\_\_\_\_ Number of Bedrooms Proposed: Lot Size: 2.59 Basement with Plumbing: Garage: Public Water Supply: ☐ Community Distance From Well: \_\_\_\_\_ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other\_\_\_ Septic Tank: \_\_\_\_\_ gallons Pump Tank: \_\_\_\_\_ gallons Size of tank: exact length width of depth of of each ditch 150 ft. ditches 3 ft. ditches Subsurface Drainage Field ditches French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site plans or intended use change.

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## HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Owner or Authorized Agent	
Name: Kerth Bullock	Telephone # 639 - 7424
Address: 107 Pinecroft Angien N.C. 27501	
Property Location: SR # /006 Road	Name OID STAGE
New Installation Repair Septic Tank Nitrification Lines	
Subdivision Suy Mendono	Lot # 4
Number of Bedrooms Proposed: Lot size:	2.59
Basement With Plumbing Without Plu	
Water Supply: Well Public Minimum Wel	l Setback: 50 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 /5	
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: <u>James E Manhautierus</u> Date: <u>4-7-98</u> (Revised 2/96) CNSTRCT WPD	
(Revised 2/96)CNSTRCT.WPD	