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) HOH CONSTRUC | New Installation | Septic Tank |
|---|--|----------------------|
| Property Location: SR# 2045 | □ Repairs | Nitrification Line |
| | | |
| Subdivision TRADE WINDS | Lot # | 90 |
| Tax ID# | Quadrant # | |
| Number of Bedrooms Proposed: | Lot Size: - 34 Acre | |
| Basement with Plumbing: Gara | ge: 🔟 | |
| Water Supply: Well Public | □ Community | |
| Distance From Well: 50 min f | t. | |
| property. Subject to final approval. | tions for sewage disposal system on abo | |
| Type of system: Conventional | Other home to Conventional | |
| Size of tank: Septic Tank: 1000 g | allons Pump Tank: gallon | s |
| Subsurface No. of Grainage Field ditches Grainage Field | xact length width of feach ditch ft. ditches ft. | depth of ditches in. |
| French Drain required: 1 | | |
| This permit is subject to revocation | | |
| plans or intended use change. | Signed: Jor Wat P | |
| VOID AFTER 5 YEARS | Environmental I | Health Specialist |
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AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harn County Health Department Improvement Permit # 09715- A. This authorization shall be valid for a seriod not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, s lans, or intended use change. Dwner or Authorized Agent HAH Constauctors Telephone # 483-9591 iddress: 3800 Racford Rd Fayettenth 1c 28304 roperty Location: SR# 2045 Road Name Elliott Bridges Rd New Installation X Repair Septic Tank X Nitrification Lines X subdivision TRAde winds Lot# 90 Tumber of Bedrooms Proposed: 3 Lot Size: .34 Acaes lasement ____ With Plumbing ____ Without Plumbing ____ Vater Supply: Well ____ Public _X Minimum Well Setback: 50 min ft. ype of System: Conventional ____ Other X ank Volume: Septic Tank 1000 gallons, Pump Chamber 1000 gallons Nitrification Field Specifications Number of fields _____ Number of Lines Per Field 4 Length of Lines 35 Vidth of Ditches 3 ft. Depth of ditches 24 inches rench Drain : Linear feet required _____ Depth of gravel _____ le wastewater system shall be covered or placed into use by any person until an inspection by the Harnett Cou lealth Department has determined that the system has been installed according to the conditions of the uprovement permit and that a valid operations permit has been issued. authorized Agent of Harnett County Health Department Tame: (17 Wat 1) Date: 21-96