HARN 'COUNTY HEALTH DEPARTMI

IMPROVEMENT PERMIT

11813

No

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) Wes	co Land Inc.	M New Installation Septic Tank
		☐ Repairs ☐ Nitrification Line
Subdivision Brookst	one.	Lot #_ 58
Tax ID #		Quadrant #
Number of Bedrooms Proposed	:Lo	t Size: 2.3 AC.
Basement with Plumbing:	Garage:	
Water Supply: Well	Public	
Distance From Well:	ft.	
Following is the minimum specif final approval.	ications for sewage disposal syst	em on above captioned property. Subject to
Type of system: Convention		
Size of tank: Septic Tar	k: /000 gallons Pu	mp Tank: gallons
Subsurface No. of Drainage Field ditches	exact length of each ditch 133 ft	width of 3 depth of 36 in.
French Drain Required:	Linear feet	
	Date:	3-9-97
This permit is subject to revoc plans or intended use change.	ation if site Signed:	Environmental Health Specialist
plans of intended use change.		1
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HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described 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 ____ Wesco Land Inc Name: _____ Telephone # 662-8884 Address: Garner N.C. Property Location: SR # 1201 Road Name Ponderosa New Installation ____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Brookstone Lot # 58 Number of Bedrooms Proposed: 4 Lot size: 2.3 AC. Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional ____ Other ____ Tank Volume: Septic Tank / OOO gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field _3 __ Length of lines _3 ____ 133' Width of ditches ____3 ft. Depth of ditches ___36 ___ 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

(Revised 2/96)c: STRCT.WPD