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## **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: (own	er) Kilarnold Cor		New Installation	Septic Tank
	tion: SR# HWY 24			Mitrification Line
Subdivision	Hertage V. Mage		Lot #	E-72
Tax ID#			Quadrant # 20,00	01 Sq f+
Number of Be	edrooms Proposed:	Lot Si	ize:	
Basement wit	th Plumbing: 🔾 Gara	ge: 🞾		
A CONTRACTOR OF THE CONTRACTOR	: 🗆 Well 💢 Publi		У	
Distance From	m Well: 50 min	řt.		
property. Su	the minimum specificants			
	m: Conventional			
Size of tank:	Septic Tank: 1000	gallons Pump	Tank: 1000 gallon	s
Subsurface Drainage Fie	No. of ditches 2	exact length of each ditch	width of ft. ditches ft.	depth of ditches in.
French Drain	required:		11 06 GF	
The state of the s	is subject to revocation	n if site Da	ate: 11.29.95 gned: 97 W	ο (
plans or int	ended use change.	Si	gned: Jor Wat	N
VOID AFTE	R 5 YEARS	11	Environmental l	Health Specialist
VOID AFTE	R 5 YEARS	Heritage W	Environmental l	
VOID AFTE	R 5 YEARS	Heritage W	Environmental l	
VOID AFTE	R 5 YEARS	Heritage W	Environmental l	
€-7° MUST <b>©</b>	874 F	Heritage W	Environmental	
€-7° MUST <b>©</b>	874 F	Heritage W	Environmental	Health Specialist
٤-٦١	Entre (	Heritage W	Environmental	
Q.77 MUST @ MEET ONSI Before Instal	Entre (	Heritage W	Environmental	Health Specialist
MUST D MEET ONS Before Install 18" Odech	tc ling	Heritage W	Environmental	Health Specialist
Q.77 MUST @ MEET ONSI Before Instal	tc ling	Heritage W	Environmental	Health Specialist
MUST D MEET ONS Before Install 18" Odech	tc ling	Heritage W	Environmental	Health Specialist
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MUST D MEET ONS Before Install 18" Odech	tc ling	Heritage W	Environmental	Health Specialist

## HARNETT COUNTY HEALTH DEPARTMENT

## **AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harne County Health Department Improvement Permit # $\frac{10745}{1000}$ . 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, si plans, or intended use change.
Owner or Authorized Agent Kilarnold Corp
Name: h. nenold Corp Telephone #
Address: 5004 Independence Way Cameron NC 28326
Property Location: SR# HWY & Y Road Name HWY 2 Y
New Installation X Repair Septic Tank X Nitrification Lines Y
Subdivision Hentage VIII age Lot#
Number of Bedrooms Proposed: 3 Lot Size: 20,000 59 Ft plus
Basement N/A With Plumbing Without Plumbing
Water Supply: Well Public
Minimum Well Setback: 50 min ft.
Type of System: Conventional OtherX_
Cank Volume: Septic Tank 1000 gallons, Pump Chamber 1000 gallons
Nitrification Field Specifications
Number of fields Number of Lines Per Field 2 Length of Lines 20
Vidth of Ditches 3 ft. Depth of ditches 1/ inches
rench Drain: Linear feet required Depth of gravel
To wastewater system shall be covered or placed into use by any person until an inspection by the Harnett Coun Health Department has determined that the system has been installed according to the conditions of the inprovement permit and that a valid operations permit has been issued.
authorized Agent of Harnett County Health Department
Must must an site Before Installing
Must meet an site Before Installing