## HARNETT COUNTY HEALTH DEPARTMENT

## **IMF.,OVEMENT PERMIT**

Nº 11458

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) Scott Nabers	New Installation	Septic Tank
Property Location: SR# 1268 Dickens Rd.	☐ Repairs	Nitrification Line
Subdivision	Lot	#
Tax ID #		
Number of Bedrooms Proposed: Lo	ot Size: 5 - 39 @	cles_
Basement with Plumbing: Garage:		
Water Supply:   Well  Public   Community		
Distance From Well:ft. +		
Following is the minimum specifications for sewage disposal sys final approval.		
Type of system: Conventional Other	und to Com	sotioned Lines.
Size of tank: Septic Tank: 1000 gallons Pu		
Subsurface No. of exact length of each ditch 400 f	width of det. ditches ft. di	epth of tches 18-24 in.
This permit is subject to revocation if site  Linear feet  Date:   Signed:	1-08-97	12.5
plans or intended use change.	Environmental Hea	lth Specialist
VOID AFTER 5 YEARS	* 4	mulation
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## HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CC STRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 1/458 . 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 Scatt Nabers. Name: \_\_\_\_\_\_ Telephone # 919 - 708 - 6866 Address: 1913 True Way Ad. Sanford N.C. 27330 774-3808 Property Location: SR # 1268 Road Name Aickens New Installation \_\_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_50 ft. + Type of System: Conventional \_\_\_\_ Other \_ fund to Conventional Lives. Tank Volume: Septic Tank 1000 gallons Pump Chamber 1000 gallons **Nitrification Field Specifications** 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: Date: 0/- 08-97 (Revised 2/96) CNSTRCT. WPD