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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: (owner) Matthew Nike  Property Location: SR# 2016		Septic Tank  Nitrification Line
Subdivision Tax ID#		
Number of Bedrooms Proposed: 3 Lot Siz	ze: 10.95 ac	
Basement with Plumbing:  Garage:		
Water Supply:  Well Public Community	7	
Distance From Well: ft.		
Following is the minimum specifications for sewage diproperty. Subject to final approval.  Type of system:   Conventional  Other	160	WS -93-2-R1
Size of tank: Septic Tank: 1000 gallons Pump		
Subsurface No. of exact length of each ditch	width of ft. ditches ft.	depth of ditches / in.
French Drain required: Linear feet		
Time permit is subject to revocation it site	te: $6-13-96$ med: Thomas 9.	
		Health Specialist
IR Hora Pord	- 100 - 504 - 504 - 504 - 60 - 51 - Fix - House	Maintain Setbacks  "From properly lines of from well  From pond oply lines 10' from pond ontractor to meet on the prior to installing had layout may Change se may be located anywhere lot 12 cover required over system

## HA ETT COUNTY HEALTH DEPAR ENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # \_\_\_\_\_\_\_, 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		
Name:		
Address: 100 \ 5 9th St. P.O. Box 73 Lillington NC 27544		
Property Location: SR # 2014 Road Name Road Name		
New Installation X Repair Septic Tank X Nitrification Lines X		
Subdivision Lot #		
Number of Bedrooms Proposed: 3 Lot size: 10.95 a.c		
Basement With Plumbing Without Plumbing		
Water Supply: Well Public Minimum Well Setback: ft.		
Type of System: Conventional Other fung to Chamber System 1005 98-2-RI Infilmbr		
Tank Volume: Septic Tank 1000 gallons Pump Chamber 2000 gallons		
Nitrification Field Specifications		
Number of fields/_ Number of Lines per Field Length of lines		
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: Thomas J. Boyce A.S. Date: 4-13-94		
(Pavised 2/06) overnor upp		