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## HARNET OUNTY HEALTH DEPARTMEN

## **IMPROVEMENT PERMIT**

20627

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." Property Location: SR# 1542 OID BUILS CREEK ND Repairs Nitrification Line Subdivision\_\_\_\_\_ Lot # \_\_\_\_ Tax ID #\_\_\_\_\_\_ Quadrant # \_\_\_\_\_ Number of Bedrooms Proposed: 4 Lot Size: Zacres Basement with Plumbing: Garage: Public Water Supply: Well Community Distance From Well: 50' ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other\_\_\_\_ Conventional Type of system: Size of tank: Pump Tank: gallons Septic Tank: 1000 gallons Subsurface No. of exact length width of depth of ditches 2 of each ditch 150 ft. Drainage Field ditches 3 ft. ditches 24->18 in. French Drain Required: Linear feet Date: 6-8-04 This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist Contractor to meet ONSTIK Prion to INStallation. EXISTING P06 R Septec TANK TO BE OPENED - TO CHECK For SANZHAMY TER And BAFFIE WALL. \*NEW TANK MAY BE NEEDED.

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## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AUI ORIZATION TO CONSTI CT

Harnett County Department of Public Health, 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.
Mazelle STEPHENSON 910-893-4885- Name Telephone #
7.0. Box 938 Jillington N.C. 27546  Address
1542 BID BUFFS CHERK BY
Property Location SR#  810 130165 CREEK RS  Road Name
9
Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[ ] New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines
[ ] Conventional [ ] Other
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well [ ] Public Water Supply Minimum Well Setback: Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Width of ditches ft. Depth of ditches _24>18 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.
1 201 1 1200
Signature of Authorized Agent for Harnett County
Date