

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) Larry Stewart
Property Location: SR# 2045
New Installation, Septic Tank, Repairs, Nitrification Line

Subdivision, Lot #, Tax ID #, Quadrant #

Number of Bedrooms Proposed: 3 existing Lot Size:

Basement with Plumbing: Garage:

Water Supply: Well, Public, Community

Distance From Well: 50+ ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional, Other

Size of tank: Septic Tank: existing gallons Pump Tank: gallons

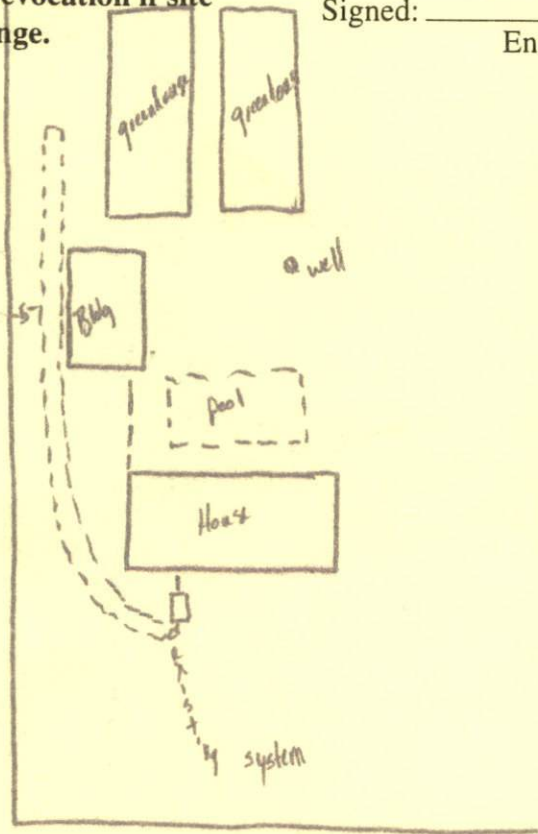
Subsurface Drainage Field: No. of ditches, exact length of each ditch, width of ditches, depth of ditches

French Drain Required: Linear feet

Date: 4-1-98

This permit is subject to revocation if site plans or intended use change.

Signed: Thomas J. Boya R.S. Environmental Health Specialist



Maintain setbacks Due to age of lot stay 5' off property line Check tee in tank

SR 2045

**HARNETT COUNTY HEALTH DEPARTMENT  
AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 14144. 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 Larry Stewart

Name: Larry Stewart Telephone # \_\_\_\_\_

Address: 6100 Elliott Bridge Rd Liden NC 28354

Property Location: SR # 2045 Road Name Elliott Bridge Rd

New Installation \_\_\_\_\_ Repair  Septic Tank \_\_\_\_\_ Nitrification Lines

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_

Number of Bedrooms Proposed: 3 existing Lot size: \_\_\_\_\_

Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_

Water Supply: Well \_\_\_\_\_ Public  Minimum Well Setback: 50+ ft.

Type of System: Conventional  Other \_\_\_\_\_

Tank Volume: Septic Tank existing gallons Pump Chamber \_\_\_\_\_ gallons

**Nitrification Field Specifications**

Number of fields 1 Number of Lines per Field 1 Length of lines 150

Width of ditches 6 ft. Depth of ditches 24-34 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 Q. Boyce R.S. Date: 4-1-98