| Replaces # 09875 HARNETT COUNTY HEALTH DEPARTMENT No 13291- A |
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| II. ROVEMENT PERM Par Site A |
| Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc- |
| tion 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) Samuel 9 Becky Sust k New Installation Septic Tank Property Location: SR# 100 County Loc Rd Repairs Nitrification Line |
| Property Location: SR# 100 County Line Rd Repairs Nitrification Line |
| |
| Subdivision Samuel & Beden Suhk Lot# |
| Number of Bedrooms Proposed: 2 6 2 88. Lot Size: 1.50 A c |
| |
| Basement with Plumbing: Garage: Dote The House for Site B |
| Water Supply: Well Public Community Must be lay from I as at the Road - Marked with Red Flag |
| 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: Doo gallons Pump Tank: gallons |
| Subsurface No. of exact length width of depth of of each ditch ft. ditches ft. ditches in. |
| French Drain Required: Linear feet |
| MUST Meet On Site Date: 1-13-98 |
| This permit is subject to revocation if site plans or intended use change. Signed: Signed: Finging mental Health Specialist |
| Environmental Health Specialist |
| |
| TRY OR PACK On any part of Septic Sty 7 |
| chart Follow on Flace (contour) |
| To A door all Required |
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| L. 5R 1107 168 |
| IRON IN ROAS MUIT MEET Onsite |

HARNETT COUNTY HEALTH DEPARTMENT AUTIORIZATION TO CC STRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13291-A. 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.

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| Owner or Authorized Agent Samuel & Becky Sustik |
| Name: Telephone # |
| Address: |
| Property Location: SR # Road Name |
| New Installation Repair Septic Tank Nitrification Lines X |
| Subdivision Samuel & Becky Sust. K Lot#_ |
| Number of Bedrooms Proposed: |
| Basement With Plumbing Without Plumbing |
| Water Supply: Well Public Minimum Well Setback: 50' ft. |
| Type of System: Conventional Other |
| Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons |
| Nitrification Field Specifications |
| Number of fields Number of Lines per Field Length of lines 300 |
| 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: |
| (Revised 2/96)CNSTRCT WPD |