## HARNETT COUNTY HEALTH DEPARTMENT

## II 'ROVEMENT PERN

Nº 13064

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."

	nty Health Department			
	eddy + Re becc		New Installation	Septic Tank
Property Location:	SR#_1705		_ Repairs	Nitrification Line
Subdivision			Lo	t #//_
			Quadrant #	
Number of Bedroor	ns Proposed:	_3	ot Size: 4.07 a	cres
Basement with Plur	nbing:	Garage:	1	
Water Supply:	Well Public	Community		
Distance From Well	1:50'	ft.		
Following is the min final approval.	imum specifications f	or sewage disposal sy	stem on above captioned	property. Subject to
* *	Conventional	Other		
Size of tank:	Septic Tank: 100		Pump Tank: ga	
Subsurface Drainage Field	No. of editches 3	xact length  f each ditch	width of d ft. ditches 3 ft. d	epth of itches 18-20 in.
French Drain Requi	red:	_ Linear feet		
		Date:	1-7-98	
THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IN THE PERSON NAMED IN THE PERSON NAME	ject to revocation if	site Signed:	James & Marke	ARS.
plans or intended i	use change.		U Environmental Hea	alth Specialist
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Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # /3064 . 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 Teddy + Repecca Strickland				
Name: Teddy + Rebecca Struch Jan Telephone # Telephone #				
Address: 349 Shake Tree Rand Berson N.C.				
Property Location: SR# 1705 Road Name OID Fairground				
New Installation Repair Septic Tank Nitrification Lines				
Subdivision Lot #				
Number of Bedrooms Proposed: Lot size:				
Basement With Plumbing Without Plumbing				
Water Supply: Well Public Minimum Well Setback: ft.				
Type of System: Conventional Other				
Tank Volume: Septic Tank gallons Pump Chamber gallons				
Nitrification Field Specifications				
Number of fields Number of Lines per Field Length of lines				
Width of ditches3 ft. Depth of ditches18-20 _ 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: James & Manhart & RS. Date: 1-7-98  (Revised 2/96)CNSTRCT.WPD				
(Revised 2/96)CNSTRCT.WPD				