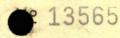
HARNETT COUNTY HEALTH DEPARTMENT

IMPROPEMENT 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." New Installation Septic Tank Name: (owner) kberry Rd. Repairs Nitrification Line Property Location: Subdivision Lot# 3 Ouadrant # _ Tax ID #_ Lot Size: 1.09 Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Well Water Supply: ☐ Public Community 50 min ft Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. styrene Aggregate Trench System I WALGS-70 Type of system: ☐ Conventional Size of tank: Septic Tank: ____ gallons Pump Tank: _____ gallons Subsurface No. of exact length width of depth of of each ditch 60 ft. ditches 3 ft. ditches 18-24 in. Drainage Field ditches French Drain Required: _____ Linear feet Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Maintain set backs * Filter + Septic tack marker will be needed

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HAPNETT COUNTY HEALTH DEPARTMENT AUTI RIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # _/ 3 5 6 5 _____. 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
Name: Melody Berefoot Telephone # 893-8690
Address: 963 Black berry Rd. Enin N.C. 28339
Property Location: SR # 2015 Road Name Black berry
New Installation Repair Septic Tank Nitrification Lines
Subdivision Christopher Harefort Lot# 3
Number of Bedrooms Proposed: Lot size:
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other Polystyran Assegule Treach System Into S.
Tank Volume: Septic Tank gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields/ Number of Lines per Field Length of lines 60 ft.
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:
(Revised 2/96)cnstrct.wpd