## **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) Charles R. Matheus New Installation Septic To	
Subdivision The Home Place Mobile Est Lot# 3	
Tax ID# Quadrant #	
Tax ID# Quadrant # Number of Bedrooms Proposed: Lot Size: 1, 6 2 55 14	
Basement with Plumbing:  Garage:  Garage:	
Water Supply:  Well Public Community	
Distance From Well: 50 m o 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: gallons Pump Tank: gallons	
Subsurface No. of ditches exact length of each ditch ft. ditches ft. depth of ditches	al in.
French Drain required: Linear feet	
This permit is subject to revocation if site plans or intended use change.  Date: 8-31-96  Signed: Signed:	_
Environmental Health Specia	list
VOID ARTE COXEARS	
10 Lot 4 STUB	out
Lot STUB  Plumbin  Shallow	3
10 107' 11.24 0.	tch
10 398 MH Follow Conto	
Olw 35' LPP Repair Required Set 1	Backs
Rd 111'	

## 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 # 10651. 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 Charles R. Mathews Name: \_\_\_\_\_ Telephone # Property Location: SR# 421 N Road Name 421 N New Installation \_\_\_\_\_ Repair \_\_\_\_ Septic Tank × Nitrification Lines × Subdivision The Home flace Mobile Estate Lot# 3 Number of Bedrooms Proposed: 3 Lot Size: 11 662 59 A+ Basement \_\_\_\_ With Plumbing Without Plumbing Water Supply: Well Public X Minimum Well Setback: 50mm ft. Type of System: Conventional X Other Tank Volume: Septic Tank 1000 gallons, Pump Chamber \_\_\_\_ gallons Nitrification Field Specifications Number of fields \_\_\_\_\_\_ Number of Lines Per Field \_\_\_\_\_\_ Length of Lines \_\_\_\_\_\_\_ 70 Width of Ditches 3 ft. Depth of ditches 1824 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 of Harnett County Health Department