REPAIR

## HAI TT COUNTY HEALTH DEPART IT

Nº 18990

## IN PROVEMENT 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) JAMES BECK	☐ New Installation ☐ Septic Tank
Property Location: SR# 1201 PONDEROSA RO 2935 PONDEROSA RO	Repairs Nitrification Line
Subdivision	
Tax ID #	Ouadrant #
Number of Bedrooms Proposed:	ot Size:
Basement with Plumbing: Garage:	
Water Supply:  Well Public  Community	
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal syst	tem on above captioned property. Subject to
Type of system: Conventional Other	
Size of tank: Septic Tank: gallons Pu	ımp Tank: gallons
Subsurface No. of Drainage Field No. of ditches  exact length of each ditch ft	width of depth of t. ditches 3 ft. ditches in.
French Drain Required: Linear feet	
This permit is subject to revocation if site signed:  Park To Install  Park To Install	Environmental Health Specialist  NATURAL AREA  STATUTE OF DELIVE  FENCE  VALVE TO BE ABLE  MS  L M/ ANY QUESTIONS

## RNETT COUNTY HEALTH DEPART " THORIZATION TO CONSTRUCT

Authorization is hereby given to con Harnett County Health Department authorization shall be valid for a per This authorization will be invalid if o	, Improvement riod not to exce	t Permit eed five (	# 18990 5) years from th	. This e date of issuance.	
-			•		
Name	<del>,</del>		Telepl	(w) 919-708-4579 none#	
003 0	C	NC	10520		
Address PONDEROSA RD	CHMERON	,40	7834		
1201 PONDEROSA	0.	- in			
Property Location SR#	<u>x0</u>		Road	Vame	
Tropacy Dominia Styl			3	vaire	
		" "			
Subdivision	Lot #	# B	edrooms Proposed	Lot size	
	TYPE OF	SYSTEM	<u>1</u>		
[ ] New Installation   Repair [ ] Septic Tank   Nitrification Lines					
Conventional Other					
[ ] Basement [ ] With Plumbing [ ] Without Plumbing					
Water Supply: [ ] Well   Public - Minimum Well Setback: 50 Ft.					
NITRIFICATION FIELD SPECIFICATIONS					
Number of fields # of lines per field Length of lines Ft.					
Width of ditches 3 ft. Depth of ditches 1822 inches					
French Drain: Linear feet required Depth of gravel					
No wastewater system shall	be covered o	t placed	into use by a	ny 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.					
111 11 1					
Matter will	e <sup>18</sup>	3)	14/02		
Signature of Authorized Agent for Harnelt County Date					