

HARNETT COUNTY HEALTH DEPARTMENT
IMPROVEMENT PERMIT

No 17286

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) Howl Denning New Installation Septic Tank
Property Location: SR# 1234 Repairs Nitrification Line

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 2 existing Lot Size: _____

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ 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: existing gallons Pump Tank: _____ gallons

Subsurface No. of exact length width of depth of
Drainage Field ditches 2 of each ditch 100 ft. ditches 3 ft. ditches 24 in.

French Drain Required: _____ Linear feet

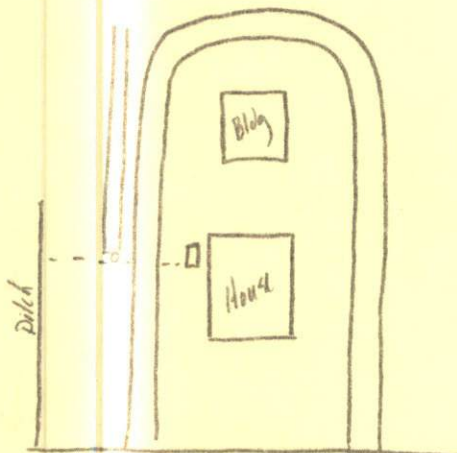
Date: 2-29-00

This permit is subject to revocation if site plans or intended use change.

Signed: Thomas J. Boyer R.S.
Environmental Health Specialist

Check fee in tank

May use 2" sch 40
to go under drive and
into D-Box



SR 1234

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 # 17284. 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 Harold Rearing

Name: _____ Telephone # 893-5575

Address: _____

Property Location: SR # 1234 Road Name Leffel Ch. Rd

New Installation _____ Repair Septic Tank _____ Nitrification Lines

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 2 Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public Minimum Well Setback: _____ ft.

Type of System: Conventional Other _____

Tank Volume: Septic Tank existing gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 2 Length of lines 100

Width of ditches 3 ft. Depth of ditches 24 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: Thomas J. Boyce R.S. Date: 7-29-00