HARNETT COUNTY HEALTH DEPARTMENT

IMF DOVEMENT PERMIT

Nº 14853

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

from the Harnett County Health Department."	be used for disposal o	of sewage without first of	btaining a written permit
Name: (owner) Deant Elaine Clark	. e E	New Installation	Septic Tank
Property Location: SR# WC27 W	iffendd.	Repairs	Nitrification Line
Subdivision		Lot	#
Tax ID #		Ouadrant #	
Number of Bedrooms Proposed: 2	Lot Si	ize: 5 A	
Basement with Plumbing:	Garage:		
Water Supply: Well Public	Community		
Distance From Well:ft.			
Following is the minimum specifications for sev	age disposal system	on above captioned p	property. Subject to
final approval. Type of system: Conventional [Other		
Size of tank: Septic Tank: 1000 gg			
Subsurface No. of exact le Drainage Field ditches 2 of each		100 miles	
French Drain Required: Line		tenes it. ui	teries m.
Em	Date:	1/22/98	
This permit is subject to revocation if site	Signed: 1	A CL	da da
plans or intended use change.	318.1001	Environmental Heal	th Specialist
* Maintain all required set backs			
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AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described

by Harnett County Health Department Improvement Permit # 14853 . 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 _____ Name: Deart Flane Clarka Telephone # 499-5657 Address: 1090 whiffen Rd. Cameron NC 28326 Property Location: SR # OFF NC27 Road Name Life New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision _____ Lot # ____ Number of Bedrooms Proposed: _____ Lot size: ____ SA_____ Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public _____ Minimum Well Setback: ____ ft. Type of System: Conventional _____ 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 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: Bu My Date: 4/22/98 (Revised 2/96) CNSTRCT. WPD