HARTT COUNTY HEALTH DEPARTM

IM-ROVEMENT 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) Stoneil Builders		☑ New Installation	☑ Septic Tank
Property Location: SR# 2754 Kirnel	ec RI	Repairs	☐ Nitrification Lin
Subdivision Deer Haven		Lot	#_ 76
Tax ID #		Quadrant #	
Number of Bedrooms Proposed:3	Lot	Size: . 380 ac	
Basement with Plumbing:	Garage:		
Water Supply: Well Public	Community		
Distance From Well:ft.			
Following is the minimum specifications for sew final approval.	vage disposal syste	em on above captioned	property. Subject to
Type of system: Conventional	Other		
Size of tank: Septic Tank: 1000 ga	allons Pun	np Tank: gal	llons
Subsurface No. of exact le Drainage Field ditches 3 of each	ength ditch <u>100</u> ft.	width of deditches3ft. di	epth of tches 18-1r in.
French Drain Required: Line	ear feet		
		1-25-97	
This permit is subject to revocation if site plans or intended use change.	Signed:	Thomas J. B	ogn R.S.
pains of interaction use change.		Environmental Hea	in Specialist
VOID AFTER 5 YEARS		Maintain	C. I. h. lie
16			titles at 18"
11/2		thin ste	p down to 2911
LPP 12 House	Rock	1	lling prior
	Drive		

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AL HORIZATION TO CLASTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # ________. 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 ____ Staneil Builders Name: _____ Stancil Builders Telephone # 639-2073 Address: 466 Stancil RD. Angier NC 27501 Property Location: SR # 2762 Road Name Kenne bee RJ New Installation _______ Repair _____ Septic Tank ______ Nitrification Lines _______ Subdivision Deer Haven Lot # 26 Number of Bedrooms Proposed: _____ 380.c Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public _____ Minimum Well Setback: _____ 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 ____3 Length of lines ___/00 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**

(Revised 2/96)CNSTRCT.WPD