

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) Manuel Erios☐ New Installation ☐ Septic TankProperty Location: SR# 210☒ Repairs ☒ Nitrification LineAttempt to repair

Subdivision _____ Lot # _____

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 existing Lot Size: _____Basement with Plumbing: ☐ Garage: ☐Water Supply: ☐ Well ☒ Public ☐ CommunityDistance From Well: 50+ ft.

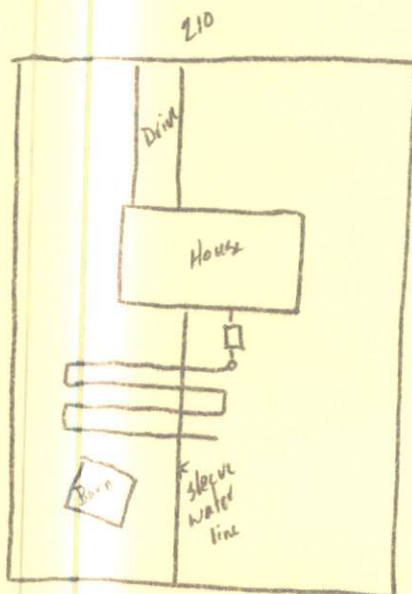
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: ☐ Conventional ☒ Other Polystyrene aggregate trench system 1 WWS-95-32Size of tank: Septic Tank: existing gallons Pump Tank: _____ gallonsSubsurface Drainage Field No. of ditches 1 exact length of each ditch 180 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 2-20-98

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

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

Maintain Setbacks
Contractor to meet on site prior to installing
Final layout may change to 4 lines
Water line must be sleeved
Check tee in tank

**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 # 14105. 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 Manuel Enos

Name: _____ Telephone # _____

Address: 4127 HWY 210 N Spring Lake NC 28390

Property Location: SR # 210 Road Name _____

New Installation _____ Repair X Septic Tank _____ Nitrification Lines X

Subdivision _____ Lot # _____

Number of Bedrooms Proposed: 3 existing Lot size: _____

Basement _____ With Plumbing _____ Without Plumbing _____

Water Supply: Well _____ Public X Minimum Well Setback: 50+ ft.

Type of System: Conventional _____ Other Polystyrene Aggregate Trench System
1 inch 45-70

Tank Volume: Septic Tank existing gallons Pump Chamber _____ gallons

Nitrification Field Specifications

Number of fields 1 Number of Lines per Field 1 Length of lines 190

Width of ditches 3 ft. Depth of ditches 18 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 A. Boyle R.S. Date: 2-20-98