## HARNETT COUNTY HEALTH DEPARTMENT

## MPROVEMENT PE /IIT

Nº 12729

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."

| nom the Harnett County Health Department.                                  |  |
|--|--|
| Name: (owner) DAVId Chandlen   | New Installation Septic Tank   |
| Property Location: SR#_/4/Z  | Repairs Nitrification Line   |
| Subdivision Busingsol  | Lot #_ 38  |
|  | Quadrant #   |
|  | Lot Size: 5 acre   |
| Basement with Plumbing:  | Garage:  |
| Water Supply: Well Public  | Community  |
| Distance From Well:ft.   |  |
| Following is the minimum specifications for sew final approval.            | ge disposal system on above captioned property. Subject to   |
| Type of system: Conventional   | Other  |
| Size of tank: Septic Tank: 1000 ga   | lons Pump Tank: gallons  |
| Subsurface No. of exact le<br>Drainage Field ditches 2 of each             | higth width of depth of ditches 150 ft. ditches 181 in.  |
| French Drain Required: Line  | ar feet  |
| ¥  | Date: 7-9-57   |
| This permit is subject to revocation if site plans or intended use change. | Signed: James & Manhauter.s.   |
|  | Environmental Health Specialist  *Mantai all attacks   |
| Hamm   | astone Paris & C. Ola 1  |
|  | Astone Drave * Final Layout may change in slightly, call if better Layout exast after trees date commend.  |
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## AUTHORIZATION TO CONSTRUCT

| Owner or Authorized Agent James Charles  |  |
|--|--|
| Name: David Charolly Telephone # 552 - 7788  |  |
| Address: 604 Oak ST Figury - Varing N.C. 27526   |  |
| Property Location: SR# 14/2 Road Name Chustin Incht  |  |
| New Installation Repair Septic Tank Nitrification Lines  |  |
| Subdivision Brianway Lot # 38  |  |
| Number of Bedrooms Proposed: Lot size:   |  |
| 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   |  |
| 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:  |  |
| (Revised 2/96)CNSTRCT.WPD  |  |