HA TT COUNTY HEALTH DEPART! T

Nº 15471

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."

From the Harnett County Health Department."	Naw Installation W Contin T	Contr
Name: (owner) Clyde Faire 18th		
Property Location: SR# 42/	Repairs Nitrifica	ation Line
Subdivision	Lot #	
Tax ID #		
Number of Bedrooms Proposed: 4 employee		
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☐ Public ☐ Communit	у	
Distance From Well: ft.		
Following is the minimum specifications for sewage disposal	system on above captioned property. Su	bject to
final approval. Type of system: ☐ Other		
Size of tank: Septic Tank: gallons		
Subsurface No. of exact length of each ditch 45	ft. ditches 3 ft. ditches 18-30	_ in.
French Drain Required: Linear feet		
Date: _	9-24-98 Thomas (). Boye R.S.	
This permit is subject to revocation if site plans or intended use change.	Environmental Health Specialist	t
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HARNETT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO CONL. RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 15 471 . 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 _____ Clyde Fairclath, Jr Name: _____ Telephone # 25 499 - 5681 Address: _____ 213 Dickens Rd Brandway NC Property Location: SR # 42/ Road Name_____ New Installation _____X Repair _____ Septic Tank ____ Nitrification Lines _____ Subdivision _____ Lot # Number of Bedrooms Proposed: 4 employees Lot size: 1.5ac Basement _____ With Plumbing ____ Without Plumbing Water Supply: Well _____ Public ____ Minimum Well Setback: 501____ ft. Type of System: Conventional ____ Other ____ Tank Volume: Septic Tank _____ gallons Pump Chamber _____ gallons **Nitrification Field Specifications** 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: _______ Homas A. Boye R.S. _____ Date: _____ 9-24-98 (Revised 2/96) CNSTRCT. WPD