## 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) Samuel + Vr. Property Location: SR# 1538	New Installation Septic Tank  Repairs Nitrification Line
Subdivision	Lot#
Tax ID#	Quadrant #
Number of Bedrooms Proposed:	3 Lot Size: 1.44 acres
Basement with Plumbing:   Ga	arage:
Water Supply: Well Pu	blic Community  ft.
	ications for sewage disposal system on above captioned al.
Type of system: Conventional	□ Other
Size of tank: Septic Tank:	
Subsurface No. of Drainage Field ditches	
French Drain required:	
This permit is subject to revocate plans or intended use change.  VOID AFTER 5 YEARS  Replaces	Signed: Games E Manhaut E  Environmental Health Specialist  * Maintai all setbacks  * BUN LINES AS Close to  Contour as possible
# 16568	Toward To

## HA ITT COUNTY HEALTH DEPAR ENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 10459. 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 Samuel + Vicky Frekts
Name: Samuel + Vicly Fields Telephone #
Address:
Property Location: SR # Road Name
New Installation Repair Septic Tank Nitrification Lines
SubdivisionLot #
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 / OCC gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines 1755 - 3550
Width of ditches ft. Depth of ditches 18-24 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 he conditions of the improvement permit and that a valid operations permit has been issued.
Authorized Agent for Harnett County Health Department
Name: Date: Date: