## **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) Danny Ne Property Location: SR# / + WY			
Subdivision Bridlewood  Tax ID#  Number of Bedrooms Proposed:			
	rage: 🙇 lic 🚨 Co		
Following is the minimum specific property. Subject to final approva	ıl.		
Size of tank: Septic Tank: 1000	gallons	Pump Tank: gall	ons
Subsurface No. of Drainage Field ditches 2		100 ft. ditches 3	depth of ditches 24-30 in
French Drain required:	Linear feet	360	191
This permit is subject to revocation if site plans or intended use change.		Date: 3/27/16 Signed: Lith a Bule	
VOID AFTER 5 YEARS 100'		Environmenta	al Health Specialist
VOID AFTER 5 YEARS  Chamber Report  Out of the second seco		1) Maintain setboeks 2) keep dite level. 3) Follow con lines.	
Oi.3	40,		

## H ETT COUNTY HEALTH DEPARMENT AUTHORIZATION TO CONSTRUCT

Owner or Authorized Agent			
Name: Danny Noiriz Telephone # 892-4345			
Address: P.O. Box 1524 Dunn. NC			
Property Location: SR# / / / Road Name			
New Installation Repair Septic Tank Nitrification Lines			
Subdivision Bridlewood Lot # 16			
Number of Bedrooms Proposed: 3 Lot size: 15,000 sq ff.			
Basement With Plumbing Without Plumbing			
Water Supply: Well Public Minimum Well Setback: ft.			
Type of System: Conventional Other			
Tank Volume: Septic Tank 1000 gailons Pump Chamber gallons			
Nitrification Field Specifications			
Number of fields Number of Lines per Field Length of lines /			
Width of ditches 3 ft. Depth of ditches 24-30 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: It a Bale Date: 3/27/96			
(Revised 2/96)CNSTRCT.WPD			