Nº 10253

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) Michael Property Location: SR# 1\00 | W | Trye Loc Rel | - 1 | Septic Tank |
|---|---|---|--------------------------|---|
| Subdivision | 11 12 0 years | | Lot # | 8 |
| | | | | |
| Tax ID# | | Lot Si | ze: 28.2AC | |
| Basement with Plumbing: | Ga | rage: 🗹 | | |
| Water Supply: M Well | Pul | olic Community | y | |
| Distance From Well: 100' | _ | ft. | | |
| Following is the minimum spe property. Subject to final appr | cifi | cations for sewage d | isposal system on ab | ove captioned |
| Type of system: Conventional | | Other | | |
| Size of tank: Septic Tank: | 2 | gallons Pump | Tank: gallon | LS . |
| | | exact length of each ditch | width of ft. ditches ft. | depth of ditches in. |
| French Drain required: | - | Linear feet | 4.3.81 | |
| This permit is subject to revoc | | on if <mark>site</mark> Da | te: 4.3.96 | A . C . L |
| plans or intended use change. | | Sig | gned: | 467 |
| VOID AFTER 5 YEARS | | 3 | Environmental | Health Specialist |
| | - | | | 2 |
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| | | 5. | Repair | Place Been 30 above 50 To Owert surface water To Owert surface water To Owert surface water To Owert surface water |
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HARNETT COUNTY HEALTH DEPARTMENT

AUTHORIZATION TO CONSTRUCT

| County Health Department Improvement Permit # $\frac{\sqrt{25}}{\sqrt{25}}$. 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, si plans, or intended use change. |
|--|
| Owner or Authorized AgentMichael W. Frye |
| Name: SAM Telephone # 245-4720 |
| Address: Rf. 4 Box 268. B CAMERON NC 2532C |
| Property Location: SR# 1100 Road Name Camb Lin Rd |
| New Installation Repair Septic Tank Nitrification Lines |
| Subdivision W/A Lot # |
| Number of Bedrooms Proposed: |
| Basement With Plumbing Without Plumbing |
| Water Supply: Well X Public |
| Minimum Well Setback: ft. |
| Type of System: Conventional X 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 3 ft. Depth of ditches 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 Cour 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 of Harnett County Health Department |
| Name: |