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".

Subdivision Tax ID#	Name: (owner) Clara Wes		☐ New Installation☐ Repairs	
Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Wells To To Tollowing is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Size of tank: Septic Tank: Subsurface No. of Drainage Field ditches To exact length of each ditch ft. ditches This permit is subject to revocation if site plans or intended use change. VOID AFTER 5 YEARS Lot Size: Lot Siz	Subdivision Nike Wood	1 5/0	Lot #	4
Basement with Plumbing: Garage: Water Supply: Well Public Community Distance From Well Fullic Community Distance From Well Fullic Community Fig. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Cother Size of tank: Septic Tank: Subject to revocation of exact length of exact length of each ditch fit. ditches Fit. ditches Fit. ditches Signed: Signe				
Water Supply: Well Public Community Distance From Well:	Number of Bedrooms Proposed: ——	Lot Siz	e: 1.78A	cres
Distance From Wells	Basement with Plumbing: Gar	rage:		
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other	Water Supply: □ Well □ Pub	lic Community		
property. Subject to final approval. Type of system: Conventional Other Size of tank: Septic Tank: Septic Tank: Septic Tank: Size of tank: Septic	Distance From Well	ft.		
Size of tank: Septic Tank: gallons Subsurface No. of exact length of each ditch of each ditches the ditches of the			sposal system on abo	ove captioned
Subsurface No. of ditches 2 of each ditch 75 ft. ditches 3 ft. ditches 18.74 in. French Drain required: Linear feet This permit is subject to revocation if site plans or intended use change. VOID AFTER 5 YEARS Date: Signed: Signed: Environmental Health Specialist	Type of system: Conventional	Other		-
This permit is subject to revocation if site plans or intended use change. VOID AFTER 5 YEARS Date: Signed: Environmental Health Specialist	Size of tank: Septic Tank:	gallons Pump	Tank: gallon	s
This permit is subject to revocation if site plans or intended use change. VOID AFTER 5 YEARS Date: Signed: Signed: Environmental Health Specialist			width of ft. ditches ft.	depth of ditches 18-24 in.
VOID AFTER 5 YEARS Signed: Environmental Health Specialist Repair	French Drain required:		/ 0	0
VOID AFTER 5 YEARS			/	Manhanta
	VOID AFTER 5 YEARS		Lot 4	park

HARNE COUNTY HEALTH DEPA"MENT

AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 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
Name: Muleal Wood Telephone # 894-7281
Address: RO BOX 331 B Cont N.C. 27521
Property Location: SR# 15-6 / Road Name Bailey
New Installation Repair Septic Tank Nitrification Lines
Subdivision Nike Wood Sp Lot# 4
Number of Bedrooms Proposed:
Basement With Plumbing Without Plumbing
Water Supply: Well Public
Minimum Well Setback:ft.
Type of System: Conventional Other
Tank Volume: Septic Tank (690) gallons, Pump Chamber gallons
Nitrification Field Specifications
Number of fields 2 Number of Lines Per Field 2
Width of Ditches 3 ft. Depth of ditches 24 inches
French Drain: Linear feet required
No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett Count 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: Opmes & Manhart Date: 10-2-85