HARNETT COUNTY HEALTH DEPARTMENT

# IMPROVEMENT PERMIT

№ 16601

**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) Rhonda Luedtke ☒ New Installation ☒ Septic Tank

Property Location: SR# HWY 27 ☐ Repairs ☒ Nitrification Line

Turn off HWY 27 at Bonds Body Shop Sign

Subdivision Roger O. Bond Lot # —

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (28x80) Lot Size: 9.44AC

Basement with Plumbing: ☐ Garage: ☐ MUST USE filter & Septic

Water Supply: ☒ Well ☐ Public ☐ Community TANK MARKER

Distance From Well: 100' ft.

**Following 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: 1000 gallons Pump Tank: _____ gallons

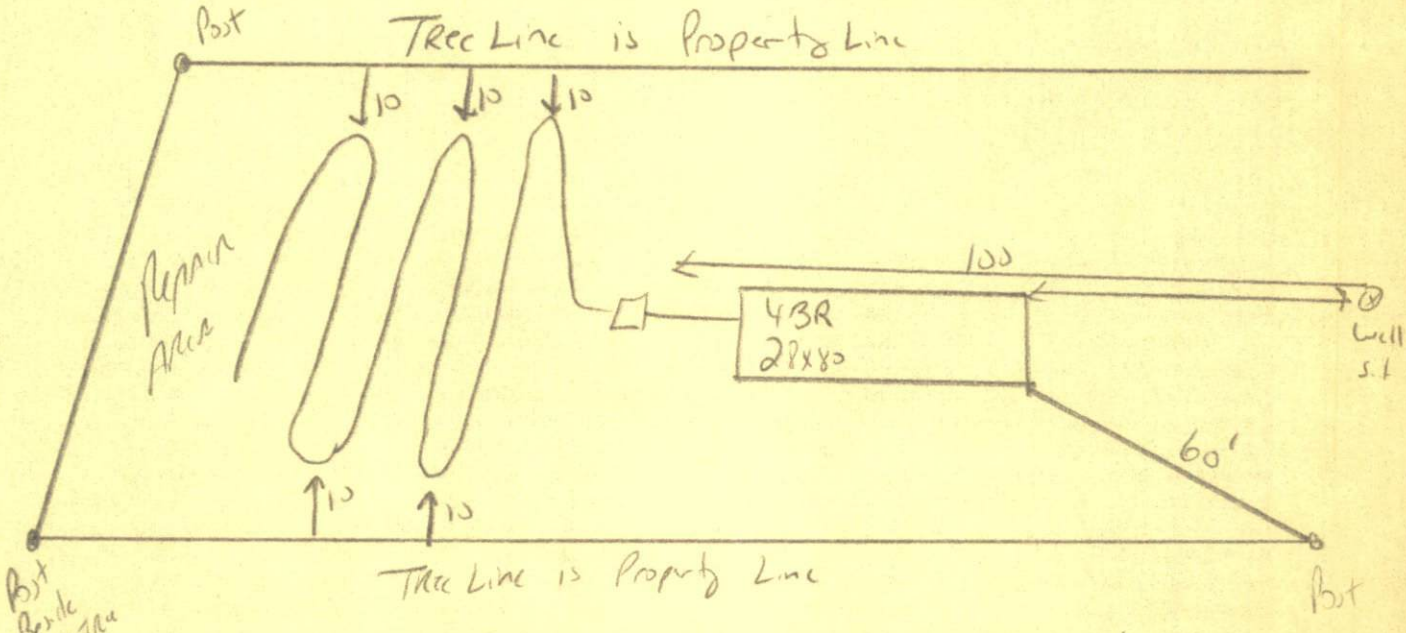
Subsurface Drainage Field: No. of ditches 1 exact length of each ditch 320 ft. width of ditches 3 ft. depth of ditches 18 in.

French Drain Required: _____ Linear feet

Date: 11-17-99

**This permit is subject to revocation if site plans or intended use change.**

Signed: _____
Environmental Health Specialist




Meet onsite 18" Ath Depths - MAintain All Set/Backs
Keep well 100' from All septic systems
DO NOT DRIVE OR PARK on Septic System

HARNETT COUNTY HEALTH DEPARTMENT

# AUTHORIZATION TO CONSTRUCT

**Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 16601. 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** Rhonda Luedtke

**Name:** _____ **Telephone #** 499-6512

**Address:** _____

**Property Location: SR #** HW 27 **Road Name** _____

**New Installation** X **Repair** _____ **Septic Tank** X **Nitrification Lines** X

**Subdivision** Roger O. Bond **Lot #** _____

**Number of Bedrooms Proposed:** 4(28x80) **Lot size:** 9.44 AC

**Basement** _____ **With Plumbing** _____ **Without Plumbing** _____

**Water Supply: Well** X **Public** _____ **Minimum Well Setback:** 100 **ft.**

**Type of System: Conventional** X **Other** _____

**Tank Volume: Septic Tank** 1000 **gallons** **Pump Chamber** _____ **gallons**

## Nitrification Field Specifications

**Number of fields** 1 **Number of Lines per Field** 1 **Length of lines** 320

**Width of ditches** 3 **ft.** **Depth of ditches** 18 **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:** _____ **Date:** 11-17-99

(Revised 2/96)CNSTRCT.WPD