Lu# 40000032

HARNETT COUNTY HEALTH DEPARTMENT

Nº 13771

IMPOVEMENT 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 (i b som New Installation Septic Tank Property Location: ☐ Repairs PNitrification Line Subdivision Lot# Tax ID #_ Quadrant # Lot Size: 1. 6 67 Ac Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: Well Public Public Community 50 mi - ft Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. MOther Conventional Type of system: Conventional Size of tank: Septic Tank: OCC gallons Pump Tank: / COC gallons Subsurface No. of exact length width of depth of 80 ft. ditches_ of each ditch Drainage Field ditches ft. ditches Linear feet French Drain Required: Date: This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist * Maistain retlacks * Luntines on contour Ditches to be NO DEEPER 15 18 INCHes 422 40 80

HAR T COUNTY HEALTH DEPART! IT AUTHORIZATION TO CONSTAUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 1377/ _____. 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: Cibson Construction Telephone # 919-639-6/60 Address: P.O. Sox 969 Ang. &, NC 27501 Property Location: SR# 1486 Road Name Green Level Dr New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Neills Creek Farm Lot # 56 Number of Bedrooms Proposed: 4 Lot size: 1.607 Ac Basement _____ With Plumbing _____ Without Plumbing _____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional ____ Other Pump to Conventional Tank Volume: Septic Tank / OCO gallons Pump Chamber / OCC gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field _____ Length of lines _____ 80 ft. Width of ditches ______ ft. Depth of ditches _____ 18 __ inches MAX 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: Dun M Juni 1.5. Date: 2/11/2000

(Revised 2/96) CNSTRCT. WPD