## HARNETT COUNTY HEALTH DEPARTME

IMI OVEMENT PERMIT

Nº 13722-A

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." Shanon Meris New Installation Septic Tank Name: (owner) Steve Willett Property Location: ☐ Repairs Nitrification Line cres Subdivision Lot#3 Tax ID #\_ \_\_\_\_ Ouadrant # \_\_\_ 14 x 80 Lot Size:\_ Number of Bedrooms Proposed: must un filter Basement with Plumbing: Garage: Community Must meet onsite Water Supply: Well Public Change In house Location Distance From Well: 50 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other Septic Tank: | gallons Size of tank: Pump Tank: \_\_\_\_\_ gallons Subsurface No. of exact length exact length width of depth of of each ditch of t. ditches 18 in. Drainage Field ditches \_\_\_\_\_ Linear feet French Drain Required: \_ Date: This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist 0-4000 40 5.tc DRIVE 14280 213' 14×80 A Change To house MAINTAIN Some Repair SOME Set Backs Papa, n

## MANIETT COUNTY DEALTH DEFARINGITY

## AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13722- A, 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 Steve Willett Shannon Nouris Name: \_\_\_\_\_ Telephone # 9/9 258 6098 Property Location: SR # 1279 Road Name Knight Rd Subdivision W. Mett Acres Lot # 3 5.te A Number of Bedrooms Proposed: 3 (14x 80) Lot size: 199Ac Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_\_ Minimum Well Setback: \_\_\_\_ ft. Type of System: Conventional \_\_\_\_\_ 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 \_\_\_\_\_ ft. Depth of ditches \_\_\_\_\_ 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: 457 UANS Date: 01-19. 2000 (Revised 2/96) CNSTRCT. WPD