FOR 40000064

HARNETT COUNTY HEALTH DEPARTMENT

Nº 13767

I PROVEMENT PERM

Be it ordained by the Harnett County Board of Health as follows: a tion of any building at which a septic tank system is to be used for dispositrom the Harnett County Health Department."	Section III, Item B. "No Pe sal of sewage without first o	rson shall begin construc- btaining a written permit
Name: (owner) WCW Construction	New Installation	Septic Tank
Property Location: SR# 1430 01: ve Branch Rd.	☐ Repairs	Nitrification Line
Subdivision Olive Branch	Lot	#_/2
Tax ID #	Quadrant #	
Number of Bedrooms Proposed:	t Size: 1852 Ac	
Basement with Plumbing: Garage:		
Water Supply: Well Public Community		
Distance From Well: 50 min ft.		
Size of tank: Septic Tank: 1000 gallons Pu		
Subsurface No. of exact length of each ditch 100 ft	width of deditches ft. di	epth of tches 18 in. MAX
French Drain Required: Linear feet	1 1	
Date:	0	4.6
This permit is subject to revocation if site plans or intended use change. Signed:		
•	Environmental Hea	ith Specialist
Ton In-		
	294'	
18 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	2°PD	- The Co.
97.10	es,	
Kinton Od.	261	
* Maintain satbacks		
* Run lines on contour		
* Ditches to be NO DEEDER		
THAN 18 Inches		

HAI IT COUNTY HEALTH DEPART NT AUTHURIZATION TO CONSI KUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # /3 767. 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: WCW Construction	Telephone # 919 - 894 - 2030	
Address: 347 Chil Enrishd.	Eats N.C. 27521	
Property Location: SR # 1430	Road Name Olive Breach	
New Installation Repair	Septic TankNitrification Lines	
Subdivision Olive Brand	Lot #	
Number of Bedrooms Proposed:	Lot size: 852	
Basement With Plumbing	Without Plumbing	
Water Supply: Well Public	Minimum Well Setback: ft.	
Type of System: ConventionalOther	r	
Tank Volume: Septic Tank/OOO _ gallons	Pump Chamber gallons	
Nitrification F	field Specifications	
Number of fields/ Number of Lines per Field 4_ Length of lines/ \$\int \frac{\frac{1}{2}}{2}\$.		
Width of ditches ft. Depth of ditches 18 inches MAK		
French Drain: Linear feet required		
	into use by any person until an inspection by the ned that the system has been installed according to at a valid operations permit has been issued.	
Authorized Agent for Harnett County Health De	-	
Name: Dun Moni f. S.	Date: 2/9/2000	