IMPOVEMENT PERMIT Nº 13750

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) GARY & MARSMET Blue New Installation Septic Tank
Property Location: SR# 1103 Coress RA Repairs Nitrification Line At Malfanction Junction From
Subdivision Lot #
Tax ID # Ouadrant #
Number of Bedrooms Proposed: 3(28 x 48) Lot Size: 110.66AC
Basement with Plumbing: Garage: Mult use filtee a marker
Water Supply: Well Public Community Must meet on site as Before
Distance From Well:ft. = 3/14/
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: gallons Pump Tank: gallons
Subsurface Drainage Field No. of ditches exact length width of depth of each ditch
French Drain Required: Linear feet
Date: 02-22.2000
This permit is subject to revocation if site plans or intended use change. Signed: Signed: Environmental Health Specialist
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SR 110B 70 Line Ranel >
100 (10 10 10 10 10 10 10 10 10 10 10 10 10 1
Bluish STUB out Plumbing shallow Is" max Oth Orphs If house moves Back To FAR Pump will be Required MAINTAIN All Set Backs DO NOT ORIVE OR PARK ON Septic System

HAI IT COUNTY HEALTH DEPART NT AUTHURIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13750 ... 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 GARY & MAKGARet Blue Name: ______ Telephone # 9/0-245-4250 Address: Property Location: SR # 100 Road Name Cypross Pd Repair ____ Septic Tank ____ Nitrification Lines **New Installation** Subdivision Number of Bedrooms Proposed: 3(28x 48) Lot size: 1/0. 66 Ac 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** Width of ditches 3 ft. Depth of ditches 8 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: (157 () 17) Date: 2-22-2000 (Revised 2/96) CNSTRCT. WPD