HARNE COUNTY HEALTH DEPARTMENT

Nº 17104

## **IMPHOVEMENT 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) STANCII Builders INC   |  | Septic Tank        |
|--|--|--------------------|
| Property Location: SR# 1/30 Ofter Barrel 18  | ☐ Repairs  | Nitrification Lin  |
| Subdivision OlTVE BRANCH   | Lot  | i#_3               |
| Tax ID #   | Quadrant #   |                    |
| Number of Bedrooms Proposed: Lot   | Size:  |                    |
| Basement with Plumbing: Garage:  |  |                    |
| Water Supply:  |  |                    |
| Distance From Well:ft.   |  |                    |
| Following is the minimum specifications for sewage disposal systematical approval. |  |                    |
|  |  |                    |
| Size of tank: Septic Tank: 1000 gallons Pum  |  |                    |
| Subsurface No. of exact length of each ditch 150 ft.                               | width of ditches 3 ft. di  | epth of itches in. |
| French Drain Required: Linear feet   |  |                    |
| This permit is subject to revocation if site plans or intended use change.  Date:  | 3-23-00  ames & Manka  Environmental Hea   | fers.              |
| f-   | Environmental Hea  | lth Specialist     |
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| setbocks of  |  |                    |
| To se contant  | The Land Manager of the La |                    |
|  |  | Jams How           |

## HARNETT COUNTY HEALTH DEPARTMENT AUTHOL\_LATION TO CONSTI

Authorization is hereby given to construct a wastewater system to the specifications described

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: STANCT/ Builders INC. Telephone # 919-639-2073 Address: 466 STANCEL ROAD Angien N.C. 27501 Property Location: SR # \_\_\_\_\_\_ Road Name \_\_\_\_\_\_ Road Name \_\_\_\_\_\_ Dlzue Branch\_ New Installation \_\_\_\_ Repair \_\_\_\_ Septic Tank \_\_\_\_ Nitrification Lines \_\_\_\_ Subdivision Oley & Branch Lot # \_\_\_\_\_ Lot # \_\_\_\_\_ 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 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: James & Markor Ferra. Date: 3-23-00 (Revised 2/96) CNSTRCT. WPD