# 00-40000 253

No 17462

## HA ETT COUNTY HEALTH DEPART NT

IN PROVEMENT 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) Sue anterson New Installation Septic Tank SR#\_401N Property Location: Nitrification Line Subdivision Bobby Anderson Lot #\_\_\_\_\_ Lot #\_\_\_\_\_ Quadrant # \_\_\_\_\_\_\_ # 00. 1/ Tax ID #\_\_\_\_\_ Number of Bedrooms Proposed: 2 Lot Size: 11. acres Basement with Plumbing: Garage: Public ☐ Community Distance From Well: 50' ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other\_ Size of tank: Septic Tank: 1000 gallons Pump Tank: \_\_\_\_ gallons Subsurface No. of exact length width of depth of ditches depth of ditches ft. ditches 16 Drainage Field French Drain Required: \_\_\_\_\_ Linear feet Date: 7-18-00 This permit is subject to revocation if site Signed: <u>Sames E Manhanter 65.</u> Environmental Health Specialist plans or intended use change. \* Maintain all \* Contractor to Meet ON SITE Prion to Justallation to

## HA ETT COUNTY HEALTH DEPAR ENT AUTHORIZATION TO CONSTRUCT

Owner or Authorized Agent Kerth anderson
Name: <u>Sue Andenson</u> Telephone # <u>893-5061</u>
Address: ATZ BOX 100 F.V. N.C. 27524
Property Location: SR # 40/ Road Name 46/
New Installation Repair Septic Tank Nitrification Lines
SubdivisionBoby ArbensoLot #
Number of Bedrooms Proposed: Z Lot size:// acces
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: 37' ft.
Type of System: Conventional Other
Tank Volume: Septic Tank gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines 175
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: James & Manhart Rus. Date: 7-18-00  Revised 2/96) CNSTRCT. WPD