00-01470

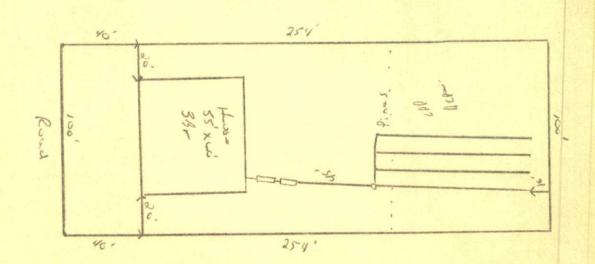
HARN Γ COUNTY HEALTH DEPARTM

Nº 17507

IMPROVEMENT PERMI

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) REFE Hobe	☐ New Installation	☐ Septic Tank	
Property Location: SR#	☐ Repairs	☐ Nitrification Line	
Subdivision was i.ew	Lot #_ 2 \		
Tax ID #			
Number of Bedrooms Proposed: Lo	t Size: 158 Ac		
Basement with Plumbing: Garage:			
Water Supply: Well Public Community			
Distance From Well:ft.			
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.			
Type of system: Conventional Other One	Polystyrens Agreçate	Treachlyste-Iww-95.	
Size of tank: Septic Tank: gallons Pu	mp Tank: /000 gal	lons	
Subsurface No. of exact length of each ditch ft	width of de ditches 3 ft. di	epth of tches 18 in. MAX	
French Drain Required: Linear feet /			
Date:	6/24/2000		
This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist			
(00.)			
* Run lines on contour			
* Step downs may be needed			



HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTITUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # ________, 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: Joff Hober	Telephone # 919- 639- 7839		
Address: P.O. Box 2105 g. 11. mg to, W.C. 27546			
Property Location: SR #	_ Road Name		
New Installation Repair Septic Tank Nitrification Lines			
Subdivision wed view	Lot # 2		
Number of Bedrooms Proposed: Lot size: S&Ac			
Basement With Plumbing Wi	thout Plumbing		
Water Supply: Well Public Minin	num Well Setback:ft.		
Type of System: Conventional Other lang to Soly of your Aggregate Trench System I win 645-31			
Tank Volume: Septic Tank <u>/ 🗘 V</u> gallons Pr	mp Chamber 1000 gallons		
Nitrification Field Specifications			
Number of fields Number of Lines per Field Length of lines 80 ft.			
Width of ditches 3 ft. Depth of ditches 18 inches MAX			
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.			
Name: M Swan & Da	ite: 6/22/200		
(Revised 2/96)CNSTRCT.WPD			