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IMPROVEMENT 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) New Installation Septic Tank (Frie Chasel Rd Repairs Property Location: ☐ Nitrification Line Subdivision Carla. Lot # Quadrant #_____ Tax ID #_____ Number of Bedrooms Proposed: _ Lot Size: Basement with Plumbing: Garage: Water Supply: Public Public ☐ Community Distance From Well: __ 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: _/OOO gallons Pump Tank: _____ gallons Subsurface No. of exact length width of depth of of each ditch 100 ft. ditches Drainage Field ditches ft. ditches /8 in MAX French Drain Required: _____ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist * Maintain setbacks * Runditcher on contour * D'. thes to be NO DEEPER than 18 inches * House to placed * as staked on property

wood line

HAI TT COUNTY HEALTH DEPAR ENT AUTHORIZATION TO CONSTRUCT

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: Carlton Crlen Parker Telephone # 892-6432 Address: 3895 NC Hay 55 Fest Dom, N.C. 28334 Property Location: SR# 2011 Road Name Erwin Chapel New Installation Repair Septic Tank Nitrification Lines Subdivision Carlton Glenn Por Ker Lot #_______Lot #_____ Number of Bedrooms Proposed: ______ Lot size: _____ Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____Public _____ Minimum Well Setback: _____ft. Type of System: Conventional _____ Other _____ Tank Volume: Septic Tank / QQ gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields ____ Number of Lines per Field ____ Length of lines _____ Width of ditches ______ ft. Depth of ditches ______ /8 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. Authorized Agent for Harnett County Health Department

Name: Bun 1 Juil -5 Date: >/13/2000

(Revised 2/96) CNSTRCT. WPD