00-4000703

HAR T COUNTY HEALTH DEPARTM

Nº17538

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."

from the Harnett County Health Department."	
Name: (owner) Robert Davis	☐ New Installation ☐ Septic Tank
Property Location: SR# 1437 Ballard Au.	Repairs Nitrification Line
Subdivision Kathleen Campbell	Lot #_ 3ß
Tax ID #	Quadrant #
Number of Bedrooms Proposed: Lot	Size: 77Ac
Basement with Plumbing: Garage:	
Water Supply: Well Public Community	
Distance From Well:ft.	
Following is the minimum specifications for sewage disposal systeminal approval. Type of system: Conventional Other	em on above captioned property. Subject to
Size of tank: Septic Tank: 1250 gallons Pun	
	width of depth of ditches 78 in MM
French Drain Required: Linear feet This permit is subject to revocation if site plans or intended use change. Date: Signed:	8/10/200
* Run ditches on contain * Di heter 1. be NO DEEPER Then 18 inches	191 Certification of the state

HA ITT COUNTY HEALTH DEPARTENT AUTHURIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17538. 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: Robert Davis Telephone # 919-567-0025 Address: 1098 Ballard Ld. Luguar Varina NC 27526 Property Location: SR # 1437 Road Name Duline New Installation ____ Repair ___ Septic Tank ___ Nitrification Lines ___ Subdivision Kuffleen Candell Lot# 38 Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: ____ ft. Type of System: Conventional ____ Other ____ Tank Volume: Septic Tank 1250 gallons Pump Chamber _____ gallons Nitrification Field Specifications Number of fields _____ Number of Lines per Field _____ Length of lines _____ /2 5 fd. 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

(Revised 2/96) CNSTRCT. WPD