## HARNETT COUNTY HEALTH DEPARTM

Nº 17348

00-40000712

## IMPROVEMENT PERMIT

Tax ID # 09-9565-0072-03 Quadrant # 9575-02-1852

Number of Bedrooms Proposed: The Lot Size:

Basement with Plumbing: Garage:

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Subsurface No. of exact length 15 width of 3 depth of 24 in

Drainage Field ditches of each ditch ft. ditches ft. ditches in.

French Drain Required: \_\_\_\_\_ Linear feet

This permit is subject to revocation if site

plans or intended use change

plans or intended use change.

Environmental Health Specialist

<- 676' total >>

## 00-40000712 HADNETT COUNTY HEALTH DEPARTMENT AUT\_\_\_RIZATION TO CONL\_RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17348 \_\_\_\_\_. 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.

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Owner or Authorized Agent
Name: Charge Sugge Telephone # 498-1838  Address: 1076 Cameson Hill Row Cameson, NC
1076 Cameson Hill Row Caneson, NC
Property Location: SR# //06 Road Name Comoson ///
Property Location: SR # // CO Koad Walle X
New Installation
Lot #
Number of Bedrooms Proposed:  Lot size:
With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Other
Tank Volume: Septic Tank 1000 gallons Pump Chamber gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines St. Depth of ditches inches
The Depth of ditches 24 inches
Width of ditches it. Depth of dravel
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: Date: Date:
(Revised 2/96)cnstrct.wpd