IMPROVEMENT PERMIT

Nº17541

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) Lubert A. Emily	New Installation Septic Tank
Property Location: SR# 1521 Gregory Circle	☐ Repairs Nitrification Line
Subdivision Lobert A Eggis	Lot #
Tax ID #	Quadrant #
Number of Bedrooms Proposed: Lot	Size: 2.01
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: 1000 gallons Pur	np Tank: gallons
Subsurface No. of exact length of each ditch 90 ft.	width of depth of ditches 18.24 in.
French Drain Required: Linear feet	1 /
Date:	8/17/2000
This permit is subject to revocation if site plans or intended use change. Signed:	Environmental Health Specialist
	Environmental Health Specialist
* Martin setbacks	
* Road : thes penter of 146 51 1521	
on contour 133' House 68'xeul 7hr	LPP Repair

HAI IT 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 # 1754 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 A Earls Telephone # 893- 3C44 Address: P.O. Box 785 Boses Creek N.C. 27506 Property Location: SR# 1521 Road Name Gregory Circle New Installation Repair Septic Tank Nitrification Lines Subdivision Robert A Eng. 1 Lot #______ Lot #_____ Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public _____ Minimum Well Setback: ____ ft. Type of System: Conventional ____ Other ____ Tank Volume: Septic Tank 1000 gallons Pump Chamber _____ gallons **Nitrification Field Specifications** Number of fields _____ Number of Lines per Field ____ Length of lines ____ 90 ft. Width of ditches 3 ft. Depth of ditches 18.24 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: Dun Min 1.5. Date: 4/17/2000 (Revised 2/96) CNSTRCT. WPD