#00-40000794

HARNI COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

Nº 17473

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."

	unty Health Departmen		/		
Name: (owner)	Dary Lync.	h	New Ins	stallation	Septic Tank
Property Location:	SR# 1562 (hic ENNIS	Repairs		Nitrification Line
Subdivision Ju	mmerfield			Lot	#_~
Tax ID #			Quadran	t #	
Number of Bedroo	ms Proposed:	3	Lot Size:	.57	
Basement with Plu	mbing:	Garag	e: 🔲		
Water Supply:	Well Publi	c 🔲 Comn	nunity		
Distance From We	11:50'	- ft.			
final approval.	/		osal system on above o		
			Pump Tank:		
			width of the ditches	1 / 2	
French Drain Requ	ired:				
TT1 .		Da	ate:9-/-	00	
plans or intended	ject to revocation i	f site Sig	gned: James &	MANI	actes as.
* Maistain al			Environn	lental Heal	th Specialist
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	2	30 H	OME So' Part LPP		
		NC5R	1562		

AUTIORIZATION TO CONGRUCT

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: <u>Bary Lynch</u> Telephone # <u>919-553-3187</u> Address: P.O. BOX 1542 Clayton N.C. 27520 Property Location: SR # 1567 Road Name Chic Ewers New Installation _____ Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Summer FER Lot # 2 Number of Bedrooms Proposed: _________ Lot size: _____ 57 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 _____ 100___ 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: games EM Arsharfornos. Date: 9-1-00

(Revised 2/96) CNSTRCT. WPD