## HARNETT COUNTY HEALTH DEPARTMENT

Nº 16669

## I PROVEMENT PERM

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 person the Harnett County Health Department."
Name: (owner) 10/10w ay Construction New Installation Septic Tank
Property Location: SR# 1/8/ Repairs Nitrification Lin
Subdivision Suna Villa Lot #_ 15
Tax ID # Quadrant #
Number of Bedrooms Proposed: Lot Size:
Basement with Plumbing: Garage:
Water Supply:  Well Public  Community
Distance From Well: 50 ft.
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to
final approval.
Type of system: Other Other
Size of tank: Septic Tank: gallons Pump Tank: gallons
Subsurface No. of 3 exact length of each ditch of each ditches of each ditch of each ditches of each dit
French Drain Required: Linear feet Linear feet
2-15-02 Date: Date: 04 Jan 2009
This permit is subject to revocation if site
plans or intended use change.  Signed:  Environmental Health Specialist
JELL SETTOMIC LPP
Set 1 LPP
Repair
40 X50
25
Maintain 10'
Setbacks
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* Paris of
* Remaining area designatal pipai 45
of eff b willing
for Repair Area.

## HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications describe by Harnett County Health Department Improvement Permit # 1669. 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 \_\_\_\_\_ Construction Telephone # 964-2808 Property Location: SR # //8/ Road Name Sera Trail Villa Lot#\_15 Number of Bedrooms Proposed: / Lot size: \_\_\_\_\_ Basement \_\_\_\_\_ With Plumbing \_\_\_\_ Without Plumbing \_\_\_\_ Water Supply: Well \_\_\_\_\_ Public \_\_\_\_\_ Minimum Well Setback: 50 ft. Type of System: Conventional \_\_\_\_\_ Other \_\_\_\_\_ Tank Volume: Septic Tank 1000 gallons Pump Chamber \_\_\_\_\_ gallons Nitrification Field Specifications Width of ditches \_\_\_\_\_ ft. Depth of ditches \_\_\_\_\_ 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

L. Nox Date: 04Jan 2000

(Revised 2/96)CNSTRCT.WPD