

Land Use #
99-40000 79

HARNETT COUNTY HEALTH DEPARTMENT

17284

IMPROVEMENT PERMIT

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."

Name: (owner) Stencil B/Ws New Installation Septic Tank
Property Location: SR# 1430 Repairs Nitrification Line

Subdivision Olive Branch Lot # 9

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 3 Lot Size: .806

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: _____ ft.

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

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

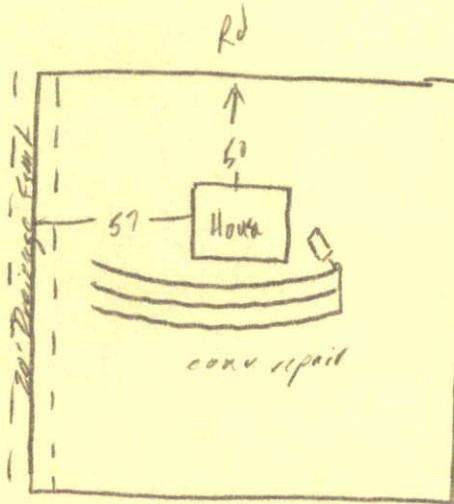
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 100 ft. width of ditches 3 ft. depth of ditches 18-24 in.

French Drain Required: _____ Linear feet

Date: 2-24-00

This permit is subject to revocation if site plans or intended use change.

Signed: Thomas J. Bayu R.S.
Environmental Health Specialist



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HARNETT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 17284. 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 Stanley Bldg

Name: _____ Telephone # 439-7073

Address: _____

Property Location: SR # 1430 Road Name Olive Branch

New Installation Repair _____ Septic Tank Nitrification Lines

Subdivision Olive Branch Lot # 9

Number of Bedrooms Proposed: 3 Lot size: .806 ac

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 1 Number of Lines per Field 3 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: Thomas J. Bege R.S. Date: 2-24-00

(Revised 2/96)CNSTRCT.WPD