## HARNETT COUNTY HEALTH DEPARTMENT

**IMF..OVEMENT PERMIT** 

Nº 13019

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." Judith
Name: (owner) Klarold Corp Sweener New Installation Septic Tank
Property Location: SR# HWY 24 Repairs Nitrification Line
Subdivision Heatage VIIIage Lot # 66 6-6
Tax ID # Quadrant #
Number of Bedrooms Proposed: 3(28 x66) Lot Size: 31, 458 55 AT
Basement with Plumbing: Garage:
Water Supply:
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 Pumpts Conv.
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons
Subsurface No. of exact length width of depth of of each ditch ft. ditches ft. ditches ft. ditches ft. ditches
French Drain Required: Linear feet
This permit is subject to revocation if site  Date: 11-19-57 8-15-02  Signed: 0-21-1471 9-52
plans or intended use change.  Signed:  Environmental Health Specialist
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## HARNETT COUNTY HEALTH DEPARTMENT AU ORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 13019. 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 KIAROSICI CORP
Name: Telephone #
Address:
Property Location: SR #   WY 2 4 Road Name
New Installation Repair Septic Tank Nitrification Lines
Subdivision Heritage Village Lot # G-6
Number of Bedrooms Proposed: 3 Lot size: 31, 458
Basement With Plumbing Without Plumbing
Water Supply: Well Public Minimum Well Setback: ft.
Type of System: Conventional Other
Tank Volume: Septic Tank / COO gallons Pump Chamber OOO gallons
Nitrification Field Specifications
Number of fields Number of Lines per Field Length of lines /25
Width of ditches $3$ ft. Depth of ditches $1824$ 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: (3 L) AR) Date: 8-13-97
Name: