HARNETT COUNTY HEALTH DEPARTM No 19407 IM-ROVEMENT PERMIT 07-5-7097 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." LAJAter New Installation Septic Tank MAI Name: (owner) NEAT SR# Nitrification Line Property Location: ☐ Repairs Lot # (0 Subdivision Ouadrant #\_ Tax ID #\_ Number of Bedrooms Proposed: 2 (14163) Lot Size: 1. 63AC NOTE Change In Basement with Plumbing: Garage: DRIVE Location Water Supply: ☐ Well Public Public ☐ Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: Conventional Other\_ Septic Tank: Os gallons Pump Tank: \_\_\_\_\_ gallons Size of tank: No. of ditches 3 exact length of each ditch 70 ft. width of depth of 18 (har) depth of ditches 18 in. Subsurface Drainage Field French Drain Required: \_\_\_\_\_ Linear feet Date: 5-22-07 This permit is subject to revocation if site Signed: \_\_ plans or intended use change. 25 20R 14x60 DRIVE ROAd Beel 130 Over head four Line 9 Right of hay To Lillington < TONEST

Must Meet on the Maintain Allset Backs teep system as from side Line Opnot Dr. VE Or park on sight System

## HARNELL COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

| by Harnett County Health Department, Improvement Permit # (9407). This  |
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| 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.  |
| Thomas LASAta 495-6935<br>Name Telephonett  |
| Name Telephone#   |
| Address   |
| Near  |
| Property Location SR# Road Name   |
| Lake Field 6 2(14x60) 1.632c  |
| Subdivision Lot # # Bedrooms Proposed Lot Size  |
| TYPE OF SYSTEM  |
| [New Installation [] Repair Septic Tank [] Nitrification Lines  |
| []Conventional []Other  |
| [] John []  |
| [ ] Basement [ ] With Plumbing [ ] Without Plumbing   |
| Water Supply: [ ] Well [ Public Water Supply Minimum Well Setback:Ft.   |
| Septic Tank Jos god Pump Chamber god  |
| NITIRFICATION FIELD SPECIFICATIONS  |
|   |
| Number of fields # of lines per field Length of lines Ft.  Width of ditches ft. Depth of ditches  |
| 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.  |
|   |
| Ja WAR) 5.22-07   |
| Signature of Authorized Agent for Harnett County of Harnett  Date   |