## HARN 'COUNTY HEALTH DEPARTMI

## UNTY HEALTH DEPARTMI 20815

HTE 04-5-9097

**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) JOSEPH E. STAMBAUGH JR. New Installation Septic Tank Property Location: SR# SUGAR HILL RD ☐ Repairs Nitrification Line LINERO TO MERCAIDES LUTO SUGAR HILLRO WESWOOD IV Subdivision \_\_\_ Lot # 30 Tax ID# Ouadrant # Number of Bedrooms Proposed: 3 Lot Size: 10.04AC Basement with Plumbing: Garage: Public Water Supply: Well Well Community Distance From Well: 100 ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Type of system: **X** Conventional Other Size of tank: Septic Tank: 1000 gallons Pump Tank: gallons Subsurface exact length width of depth of ditches 4 ditches 3 ft. of each ditch 240 ft. ditches al in. Drainage Field French Drain Required:\_\_\_\_ Linear feet Date: 5 RS COLIVER TOUSDOFF This permit is subject to revocation if site Signed: plans or intended use change. Environmental Health Specialist DIVERS SURFACE 405 WIKER \* MAINTAIN ALL SETBOCKS DRAWING 155 75 \* BURFACE WATER MUST BE DIVERTED FROM DRAINFIELD AREA \* CALL WITH ANY QUESTIONS PRIOR TO INSTALLATION REPAIR 75' 897

## HARNETT CC TITY DEPARTMENT OF PUET CHEALTH AUT... ORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # <u>30815</u> . 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.
Name PIGHT TR 919-499-0545
Telephone #
366 LIZZIE JETER LN. CAMERON NC 28326 Address
SUERZ HILL RO Property Location SR#  Road Name
Property Location SR# Road Name
WESWOOD TV         30         3         10.04 AC           Subdivision         Lot #         # Bedrooms Proposed         Lot Size
Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [ ] Repair
Conventional [ ] Other
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: Well [ ] Public Water Supply Minimum Well Setback: 600 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines 240 Ft.
Width of ditches 3 ft. Depth of ditches 2 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.
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Signature of Authorized Agent for Harnett County  Date