## 91-5-3285

## HARNE COUNTY HEALTH DEPARTME!

Nº 18674

## **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) Amy LEG O'KELLEY	
Property Location: SR# 421	Repairs Nitrification Line
Subdivision	Lot #
Tax ID #	
Number of Bedrooms Proposed:	Lot Size: 2.96AC
Basement with Plumbing: Garage:	
Water Supply: Well Public Communi	
Distance From Well:ft.	
Following is the minimum specifications for sewage disposal final approval.	
Type of system: Conventional	
Size of tank: Septic Tank: 1000 gallons	Pump Tank: gallons
Subsurface No. of exact length of each ditch	width of depth of ditches ft. ditches in.
This permit is subject to revocation if site Signed Signed Signed	Environmental Health Specialist  WTS  # MAINTAIN ALL SETBACKS  # RUN LINES ON CONTOUR  # LINES NOT LAYED OUT  OUE TO VEGETATION.  CALL PRIOR TO  INSTALLATION IF  ASSISTANCE IS  REQUIRED TO LAY  179
428'	

HWY HZ]

## RNETT COUNTY HEALTH DEPART TAU SHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # \2674 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.	
AMY O'KELLEY	910 - 893 - 4553 Telephone #	
Name	_	
4701 HWY42IN LILLINGTON	NC 27546	
Address		
HWY HZI		
Property Location SR#	Road Name	
	4 2.9CAC	
Subdivision Lot #	# Bedrooms Proposed Lot size	
TYPE OF SYSTEM		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
New Installation [ ] Repair [ ] Septic Tank [ ] Nitrificiation Lines		
\		
Conventional Other [ ]Base	ment	
Water Supply: [   Well [ ] Public - Minimum Well Setback: 100 Ft.		
NITRIFICATION FIELD SPECIFICATIONS		
<b>,</b> , , , , , , , , , , , , , , , , , ,	₽₹	
Number of fields # of lines per field	Length of lines Ft.	
5	1	
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.		
value Operations I continue and occur access		
At Mil. II	10.1	
Signature of Authorized Agent for Harnett County  Date		
Grand or remain and regard for random County		