-03-55443

## HAF TT COUNTY HEALTH DEPART T

№ 19705

## IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health tion of any building at which a septic tank system is to be use from the Harnett County Health Department."	as follows: Section III, Item B. "No Poed for disposal of sewage without first	erson shall begin construc- obtaining a written permit
Name: (owner) Robert Loff: 5	New Installation	Septic Tank
Property Location: SR# 2016 Roy Rd.		Nitrification Line
Subdivision A. Bryon Perry	Lo	t #_ 7
Tax ID #	Ouadrant #	
Number of Bedrooms Proposed:	Lot Size: 8,613 Ac	
Basement with Plumbing: Gar	age:	
Water Supply: Well Public Con	nmunity	
Distance From Well: 50 - ft.		
Following is the minimum specifications for sewage difinal approval.  Type of system:   Conventional	er Pump to Conventioned	
	Pump Tank: /000 ga	
Subsurface No. of exact length of each ditch	width of d	epth of
		itches in.
French Drain Required: Linear fee		
This permit is subject to revenetion if site	Date: 9/17/202	0 (
plans or intended use change.	Signed: Environmental Hea	alth Specialist
XPernit issued referencing pernit # 08611 (Jackie Benka)	Environmental fice	utii Specianst
		3591
* Maintain all setbacks	\	
*Contractor to meet onsite prior to installing system		
192 10	S AMIL TOTAL	
	100	721'
7	45'5'	
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	CP/Acpair Trees	
	The state of the s	
	V	* Not to Scale
	SR 2016	Deale

## I JETT COUNTY HEALTH DEPARTMI AU ...JORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.
with the invatia y ownership, site plans, or intended use change.
Robert Loft:s  897-1765
Section   1765
P.G. Bex 158 Bises Creek NC 2750C
Sec 2016 roperty Location SR#
Road Name
A Bryan Perry 7 3 & 617Ac
ubdivision Lot # Bedrooms Proposed Lot size
TYPE OF SYSTEM
New Installation [ ] Repair [   Septic Tank [   Nitrificiation Lines
] Conventional Other Samp to Come [ ] Basement [ ] With Plumbing [ ] Without Plumbing
Vater Supply: [ ] Well [ Public - Minimum Well Setback: 50 Ft.  Septic Tank 600 gel Pump Chamber 600 gel
NITRIFICATION FIELD SPECIFICATIONS
umber of fields/ # of lines per field  Length of lines/60 _ Ft.
fidth of ditches ft. Depth of ditches inches MAK
rench Drain: Linear feet required Depth of gravel
No wastewater system shall be covered or placed into use by any person until an aspection 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.
Separature of Authorized Agent for Harnett County  Date