## 20525

HTE 93-5-6633 R

## **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) Hogeline R. Lewis New Ins

Property Location: SR# 1406 Fletcher Tutor Rd. 

Repairs New Installation Septic Tank Nitrification Line Subdivision Lot # \_\_\_\_\_Quadrant # \_\_\_\_\_ Lot Size: \_\_\_\_/, \Q Ac Tax ID# Number of Bedrooms Proposed: Basement with Plumbing: Garage: Well Water Supply: Public Public ☐ Community Distance From Well: 100 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other 25% Reduction System Type of system: Septic Tank: /000 gallons Pump Tank: \_\_\_\_gallons Size of tank: No. of 2 Br exact length 80 Br width of ditches 3 ft. ditches 3 Subsurface depth of Drainage Field ditches/8-24 in. French Drain Required: Linear feet This permit is subject to revocation if site plans or intended use change. Environmental Health Specialist \* Maintain all setback \* Run ditches on contour 94 32' 365

## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU' ORIZATION TO CONST CT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 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.
Angeline R. Lews Name Telephone #
29/ Flatcle Tutor Rd. Holly Springs, N.C. 27540
Property Location SR#  Fletche Tutor  Road Name
3 /0245
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[ New Installation [ ] Repair [   Septic Tank [ ] Nitrification Lines
[] Conventional [] Other
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback: _/oo Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
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.
2
Sugar Wind A. S. C. (10/244)
Signature of Authorized Agent for Harnett County