HAR TTT COUNTY HEALTH DEPARTN Nº 20045 INIT ROVEMENT PERMIT 03-5-6984 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." New Installation Septic Tank BRUCE BRYANT Name: (owner) NURSETY ROAL SR#1117 Nitrification Line □ Repairs Property Location: Subdivision \_ Quadrant #\_ Tax ID #\_\_\_\_ Number of Bedrooms Proposed:  $3(57 \times 59)$ Lot Size: . 70 AC Garage: 🗖 Basement with Plumbing: ☐ Well ☐ Public ☐ Community Water Supply: 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: \_\_\_\_\_ gallons Pump Tank: \_\_\_\_\_ gallons Size of tank: depth of 10 MAX exact length of each ditch last ft. depth of ditches ft. ditches width of Subsurface No. of ditches Drainage Field French Drain Required: \_\_\_\_\_ Linear feet Date: 5-13-03 This permit is subject to revocation if site Environmental Health Specialist plans or intended use change. Must meet ansite 114 1 p lysin 12 30 a C7x 54 12 STUD Out Plumbing on pump mas be Required Shallow Maintain All Set Dacks Do not DRIVE Power Pole ORPARK on system. Meet onsite

## HARNE IT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 20045. 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,
Bence Bayond 424-8950
Name Telephone#
Address
Property Location SR# Road Name
ENDOSSHIM 7 3(57×54) 70AL
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: Ft.
Septic Tank / DOD 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 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.
Ja WAR 5-17-03
Signature of Authorized Agent for Harnett County of Harnett  Date