HARITT COUNTY HEALTH DEPARTM

IMPROVEMENT PERMIT

Nº 19304

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) BUTE + Bynd Court Services Ive New Installation Septic Tank Property Location: ☐ Repairs Nitrification Line Subdivision WEllow brook __ Lot # 18 Tax ID #___ _____ Quadrant # ____ Lot Size: _____ 58 Number of Bedrooms Proposed: Basement with Plumbing: Garage: Water Supply: ☐ Well Public Community Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other 25% Robuction System Type of system: Septic Tank: 1000 gallons Pump Tank: gallons Size of tank: Subsurface exact length width of depth of of each ditch ft. ditches in. Drainage Field French Drain Required: _ ___ Linear feet This permit is subject to revocation if site Signed: plans or intended use change. P to Con Repair D n I V

CURD Well DITTUE

HARN T COUNTY HEALTH DEPART! IT AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 19304. 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 P.O. BOX 612 BUTE + Bynd Construction P.O. BOX 612 BUTE Address	on Service	s Inc	910 - 893 - 2808 Telephone#
P.O. BOX 617 BUTE	's Creek	N.C.	27506
/58 / Property Location SR#			Barleys X RDS
Wellowbrook	18	3	oposed Lot Size
Subdivision	Lot #	# Bedrooms Pr	oposed Lot Size
TYPE OF SYSTEM			
[New Installation [] Repair			itrification Lines
[] Conventional [] Other			
[] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well [Public Water Supply Minimum Well Setback: Ft.			
Septic Tank 1000 gd Pump Chamber gd			
NITIRFICATION FIELD SPECIFICATIONS			
Number of fields 2 # of lines per field 3 Length of lines 115 Ft.			
Width of ditches			
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.			
James & Mank	TRY WK	3_	7-10-03
Signature of Authorized Agent for Harnett County of Harnett			Date