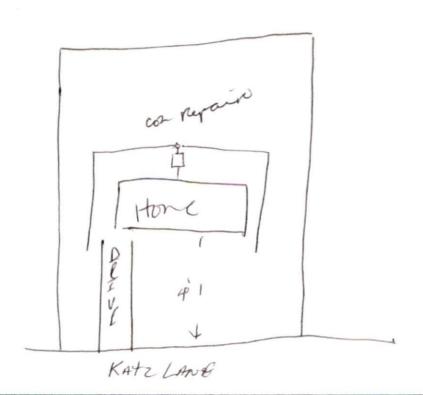
IARNETT COUNTY HEALTH DEP ENVIRONMENTAL HEALTH SI

MENT

No 8289

CERTIFICATE OF COMPLETION / OPERATIONAL PERMIT

Name: (owner) KAthy Smith	New Installation	Septic Tank
Property Location: SR# 15-42	□ Repairs	Nitrification Line
Subdivision Smaly Conone	Lot # _ 3	
TAX ID#	Quadrant #	
Contractor: Style, South - Nicky South	Registration #	
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☐ Public ☐ Community	7	
Distance From Well: 50' ft.		
Following are the specifications for the sewage dispos	al system on above c	aptioned property.
Type of system: Conventional Other		_
Size of tank: Septic Tank: 1000 gallons Pump	Tank: gallon	s
Subsurface No. of exact length of each ditch	width of ft. ditches ft.	depth of 24-36 in.
French Drain: Linear feet		~-
Da	te:	- 75
PERMIT NO. OGLOO Ins	te: 10 - 10 -	Manhant
		Health Specialist



No 08600

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".

-1. 4	12.11
Name: (owner)	RATHY New Installation Septic Tank
Property Location: SR# /5 4/2	□ Repairs □ Nitrification Line
Approx 4 miles on	LEFT From Hung 4218
Subdivision SANDY GROU	14 Sec. II Lot# 3
Tax ID#	Quadrant #
Number of Bedrooms Proposed:	Three Lot Size: . 577 Acres
Basement with Plumbing: Garage	
Water Supply: Well Public	
Distance From Well: ft	
property. Subject to final approval.	tions for sewage disposal system on above captioned
Type of system: Conventional	
	allons Pump Tank: gallons
	xact length 67 ft. ditches 3 ft. depth of 24-36 in.
French Drain required: L	
This permit is subject to revocation plans or intended use change.	if site Date: AUGUST 12 1995 Signed: Name Stayland R. 5
	Environmental Health Specialist
VOID AFTER 5 YEARS	Invitorincinal Ficulty Specialist
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10+ # 3	- INStall 24-36"
	- Run Lives with contain
	- Lines mays. nun
	PARALLET IF elevation
KepAIN 67	permits.
67	
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40'	
Arpanif Le	

HTE# 17-5-42324

HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH 307 CORNELIUS HARNETT BOULEVARD LILLINGTON, NC 27546

EXISTING SEPTIC SYSTEM INSPECTION

NAME: GARy Hughes	PHONE # 919-669-5369
ADDRESS 3321 OID BUCKS GREEK RD ANG	Op N.C. 27501
NAME OF MOBILE HOME PARK OR S/D	
NAME OF OWNER (IF DIFFERENT) Kay + 57	EVE MOHS
ADDRESS OF OWNER (IF DIFFERENT) 8/ KATT	CANB ANGLED N.C. 27501
PROPERTY LOCATION: STATE ROAD NAME AND	# SN 1547 OID Bries Celety
PURPOSE OF INSPECTION: 10×17 Add	ation to Bednoon
The aforementioned site has been evaluated by the Environmental Health Section. At the time of inspect system serving this site, if this system should malfunany necessary repair	larnett County Health Department lon, there appeared to be a septio ction, the owner is responsible for

THIS INSPECTION IS VOID IF:

- (1) the intended use of the septic system should change, and/or
- (2) the system should fail or malfunction, and/or
- (3) the owner or tenant of the property changes, and/or
- (4) after six months

BUILDING MUST BE 5' FROM ANY PART OF SEPTIC SYSTEM DO NOT DRIVE OR PARK ON SEPTIC SYSTEM

Dane.	AUTHORIZATION OF EXISTING SYSTEM	16.2-17
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