## Γ COUNTY HEALTH DEPARTM

IMPROVEMENT PERMII

Nº 19313

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

| ounty Healt         | h Departmen   | t."   | d for dispos   | sal of sewage wit  | hout first o  | obtaining a written perm   |
|---------------------|---|---|--|--|---|--|
| Phillip             | + Supm  | Morron  | )  | New Ins  | tallation   | Septic Tank  |
| : SR#_              | VED SEL   | stuc to   |  | ☐ Repairs  |   | ☐ Nitrification Line   |
| 6ncc                | where/  |   |  |  |   |  |
| VEIIS               | CRECK   | FARMS   | i  |  | Lot   | # 47   |
|                     |   |   |  | Quadrant   | #   |  |
| oms Propo           | osed:   | 3   | Lo   | t Size:  | 2.32  | Acre   |
| umbing:             |   | Gara  | ge:  |  |   |  |
| Well                | ✓ Public  | Com   | munity   |  |   |  |
| ell:                | 50'   | ft.   |  |  |   |  |
| Conve               | ntional NE  | Othe  | r  | ,  |   |  |
| No of               | 7880K: 7000   | gallons   | Pu   | np lank:   | gal   | lons   |
| ditches             | s_ E_ (   | of each ditch _   | F ft.  | ditches 3  | F ft. di  | tches E in   |
|                     |   |   |  |  |   |  |
|                     |   |   |  | Environme  | ental Heal  | lth Specialist   |
| to be specificated. | ANK<br>ANK  |   |  | 1 DE EH  | ome   |  |
|                     | ounty Healt  Phills  I: SR#  Grace  NEILS  oms Proport  umbing:  Well  ell:  inimum sp  Convert  Seption  No. of ditches  uired:  bject to rell  use chan | ounty Health Departmen  Phellep + Supin  SR# Web 9334  SR# Web 9334  Oms Proposed:  umbing:  Well Public  ell:  inimum specifications  Conventional New  Septic 1864  No. of ditches  uired:  bject to revocation if luse change. | Phellep + Super Morror  SR# Web Delivered  Green Level  Oms Proposed:  Jumbing:  Well Public Comel:  inimum specifications for sewage dis  Conventional New Gallons  No. of exact length ditches of each ditch uired:  Linear feet  bject to revocation if site  use change. | Date:  Discrept Supan Moreon  SR# WED SENTICE FARMS  Conventional New Garage disposal system  Conventional New Gallons  No. of exact length ditches of each ditch ft.  United:  Linear feet  Date:  Date:  Date:  Date:  Date:  Signed:  Conventional Site disposal System  Conventional New Gallons  No. of exact length of each ditch ft.  Conventional Site disposal System  Conventional New Gallons  No. of exact length of each ditch ft.  Conventional Site disposal System  Conventional New Gallons  Conventional New G | New Institute of Super Morror   New Institute of Super Morror | New Installation   Repairs   Repai |

## HARN COUNTY HEALTH DEPARTN T AUTHORIZATION TO CONSTRUCT

| Authorization is hereby given to construct a wastewater system to the specifical   | tions described  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
| authorization shall be valid for a period not to exceed five (5) years from the da This authorization will be invalid if ownership, site plans, or intended use change.  |  |  |  |  |  |  |
| The same of the sa |  |  |  |  |  |  |
| Phillipt Susan Monnon  Name  237 Greenlevel & Angton N.C. 2750  Address  | 7575   |  |  |  |  |  |
| 137 Canada la cala   |  |  |  |  |  |  |
| Address Address  | 1  |  |  |  |  |  |
| 1439   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Nextles Crock Frances 47 Subdivision  Road Name  7  Road Name  8  Road Name  8  Road Name  1  1  1  1  1  1  1  1  1  1  1  1  1   | 37   |  |  |  |  |  |
| Lot # # Bedrooms Proposed Lot  | Size   |  |  |  |  |  |
| TYPE OF SYSTEM   |  |  |  |  |  |  |
| New Installation [1]   |  |  |  |  |  |  |
| [ 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 1000 300 Pump Chamber 901  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 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 insperior than the county Health Department has determined that the  | ection by the  |  |  |  |  |  |
| - The cycles has been in the cycles has been in the  |  |  |  |  |  |  |
| the conditions of the Improvement Permit and that a valid Operations Permit has been installed   | een issued.  |  |  |  |  |  |
|  | A STATE OF THE PARTY OF THE PAR |  |  |  |  |  |
| 5 m. 1 1 0 x 2   |  |  |  |  |  |  |
| Signature of Authorized Agent for Harnett County of Harnett  | 7-24-03  |  |  |  |  |  |
| V Harnett County of Harnett  | Date   |  |  |  |  |  |