#05-5-6714

COUNTY HEALTH DEPARTMI

Nº19970

IMPROVEMENT PERMI'I

Be it ordained by the Harnett County Board of Health as follo tion of any building at which a septic tank system is to be used for d from the Harnett County Health Department."	disposal of sewage without first	erson shall begin construc- obtaining a written permit
Name: (owner) Wellows Realty	New Installation	Septic Tank
Name: (owner) Wellow's Realty Property Location: SR#1435 Tripp	Repairs	Nitrification Line
Subdivision Plantation AT VINKYAND GREEN	J Lot	#
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: Pool	Lot Size: 3 peres	₹*
Basement with Plumbing: Garage:		
Water Supply: Well Public Communi	ity	
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal final approval. Type of system: Conventional Other		
Building Santons		
Subsurface No. of exact length of each ditch /// of each ditch /// of each ditch	of the distribution of the	epth of in
French Drain Required: Linear feet		menes <u>FF FF</u> III.
This permit is subject to revocation if site plans or intended use change. Signed Builds	d: Mas Environmental Hea	Ith Specialist
	N CONTOUR	

#03-5-6714

HARNELL COUNTY HEALTH DEPARTM AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #		
Wellows Realty 910-897-3123		
Name 910-872-3123 Telephone#		
We lows Realty 910-892-3123 Name Telephone# P.O. BOX 730 BUNN N.C. 28335 Address		
Property Location SR# Road Name		
Subdivision Lot # Bedrooms Proposed Lot Size		
Subdivision		
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 1500 gd Pump Chamber 1500 gd		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields Z # of lines per field 4 Length of lines 140 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.		
Signature of Authorized Agent for Harnett County of Harnett Date		