03-5-5700

HARITT COUNTY HEALTH DEPARTM

Nº19723

Gravel Road

IMPROVEMENT PERMIT

IIVIPHOVEIVIENT PERIVIT		
Be it ordained by the Harnett County Board of Health a tion of any building at which a septic tank system is to be used from the Harnett County Health Department."	s follows: Section III, Item B. "No Person shall begin construced for disposal of sewage without first obtaining a written permi	
Name: (owner) Central Carolina Holding	New Installation Sentic Tank	
Property Location: SR# 1/05 Mckey town		
Subdivision Central Carolina	Lot #/	
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: Office Henryland	es Lot Size: 255. 46 Ac	
D	age:	
Water Supply: Well Public Com		
Distance From Well:ft.		
Following is the minimum specifications for sewage dis	sposal system on above captioned property. Subject to	
Type of system: Conventional Othe		
Size of tank: Septic Tank: 1000 gallons	Pump Tank: gallons	
Subsurface No. of exact length of each ditch	width of depth of t. ditches 18 in. Mark	
French Drain Required: Linear feet		
	Date: 11/21/2002	
This permit is subject to revocation if site plans or intended use change.	Signed: Environmental Health Specialist	
* Maintain all retbacks	Environmental Health Specialist	
* Runditches on contour		
+ NO DEEDER Ham Binch	. As * Wut Ture al	
* Contractor to meet on site of prior to installing system	4_	
prior to installing system	17 7	
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	Boilety	

AUI ORIZATION TO CONSTRU

Authorization is hereby given to construct a wastewater sy Harnett County Health Department, Improvement Permit	ystem to the specifications described by	
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 1616 Mckey four Rd Comeron, N. Address	919-499-2301	
Name	Telephone #	
1616 Mckey founded Comeron N.	C. 2832C	
Property Location SR#	Mkeytown	
	Koad Name	
Subdivision Lot # #1	Bedrooms Proposed Lot size	
100 11 11 11	Lot size	
TYPE OF SYSTE	M	
[New Installation [] Repair [Septic Tank [Nitrifici	ation Lines	
	•	
Conventional Other []Basement []	With Plumbing [] Without Plumbing	
	t innounce t innounce t	
Water Supply: [] Well [] Public - Minimum Well Setback:/00 Ft. Septic Tank/00 Pump Chamber		
NITRIFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field 3 Length of lines Ft.		
realiser of fields # of fines per field Length of lines Ft.		
Width of ditabas 3 & David Silvia 100 and 100		
Width of ditches ft. Depth of ditches inches M # X		
French Drain: Linear feet required Depth of gravel		
Depth of grave		
No wastewater system shall be covered or place	ed into use by any parson until ca	
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.		
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Dag Mining L.	11/21/2002 Date	
Signature of Authorized Agent for Harnett County	Date	