050000125

HARI T COUNTY HEALTH DEPARTM

Nº18083 -A

IMPROVEMENT PERMI

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."

Hom the Harnett County Health Department."	
Name: (owner) TIMA (homAs	New Installation Septic Tank
Property Location: SR# 103	Repairs Nitrification Line
Ed Thomas Road	
Subdivision Thomas Rench Estates	Lot # 7A Site A
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3(88x40) L	ot Size: Q, SO AC
Basement with Plumbing: Garage:	
Water Supply: Well Public Community	
Distance From Well: ft.	
Following is the minimum specifications for sewage disposal sysfinal approval.	stem on above captioned property. Subject to
Size of tank: Septic Tank: 1000 gallons P	ump Tank: gallons
Subsurface No. of exact length of each ditch	width of depth of t. ditches 1824 in.
French Drain Required: Linear feet	
	126-2000
This permit is subject to revocation if site plans or intended use change. Signed: _	
Exement	Environmental Health Specialist
	839'
(60 A	
795 HE R LE 15	130 160
18×40 332	128 X 40 3BR
130 100 MH s.k.B	MH Sit A
	101
B PUPPIN 30 DRIVE LPP	Papain 1 30
70 1 2 1	1 y 30
70 58	And the second s
1103 ORIVE	
muit meet onsite 18	to 24" Ditch Ogoths Must
	1 200 100 100 100 1
Mecp systems 20 ApA	at Maintain All set Backs
Maintain All Set Backs.	
Pack on Septic SYSTER	n

HARNETT COUNTY HEALTH --PARTMENT AJTHORIZATION TO JNSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications describe by Harnett County Health Department Improvement Permit # 18083-A. 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. Owner or Authorized Agent Tina Thomas Name: ______ Telephone # 210 - 245-45 Property Location: SR# 1103 Road Name New Installation _____ Repair ____ Septic Tank _____ Nitrification Lines _____ Thomas RANCH Ed. Lot # 7A Site A Number of Bedrooms Proposed: 3(28145) Lot size: 2.50 Ac Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well _____ Public ____ Minimum Well Setback: _____ ft. Type of System: Conventional _____ Other ____ Tank Volume: Septic Tank _____ gallons Pump Chamber _____ gallons Nitrification Field Specifications Number of fields _____ Number of Lines per Field ____ Length of lines _____ Width of ditches 3 ft. Depth of ditches 18-24 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. Authorized Agent for Harnett County Health Department (Revised 2/96)CNSTRCT.WPD