HARNETT COUNTY HEALTH DEPARTMENT

IMF OVEMENT PERMIT

Nº 12543

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 I	1	\			
Name: (owner)	MARNOID (onp	New Installation	Septic Tank	
Property Location: SI	R# HWY 8	N. Carlotte	Repairs	Nitrification Line	
Subdivision Heat	osc Villa	GE	Lo	ot #_6-36	
Tax ID #			Quadrant #		
Number of Bedrooms P	roposed:		_ Lot Size: 18,000 S	5 PH 3	
Basement with Plumbir	ig:	Garage:		7	
Water Supply: W	-		nity		
Distance From Well:	30m.n	ft.			
Following is the minimu final approval.	m specifications	for sewage disposa	al system on above captioned	l property. Subject to	
Type of system: C	onventional	Other _			
Size of tank: Se	ptic Tank: 100	gallons	Pump Tank: g	allons	
Subsurface N Drainage Field di	o. of tches	exact length of each ditch 20	width of ft. ditches ft.	depth of ditches 1821 in.	
French Drain Required: Linear feet _5 -5145					
		Date	8-21-97		
This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist					
plans of intended use	change.	1.1	Environmental He	ealth Specialist 5/03	
7-28-02	*				
110/02	29'				
11.8.02	1		LPP Repai	a l	
J. Minns	28×48	03	5-5150 PONYSO	e Mouling	
Bury	3BR) recise	1104100	
WAR 2/12	MH -	5/	1	loc	
7 3196 550		1		10	
121 (55)		1			
all DRIVE		23/			
1-11-100	1 1	100	D	1) 1	
	24	1783-5	Tori Worsta	124/NZ (Spec	
Name and the second	1 113	2019	110	1 110	
7 24 02			172	0	
. 124.02 STUB	Out Plu	nbing sha	llow 18-24" Ditch	Depth	
5//2	Contour	mainla	All Reguired So	et Backy	
Police		/	/		

HARNETT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO CONTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # $\frac{12543}{}$. 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 KARCOLD CORP
Name: Telephone #
Address:
Property Location: SR # _ HWY 24 Road Name
New Installation Repair Septic Tank Nitrification Lines
Subdivision Heritage Village Lot# 636
Number of Bedrooms Proposed: 3 Lot size: 18 000 55 At
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 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.
Authorized Agent for Harnett County Health Department Name: Date: 8-13-97 (Revised 2/96)cnstrct.wpd