HARNETT COUNTY HEALTH DEPARTMENT

IN... ROVEMENT PERMII

Nº 17646

IN.. ROVEMENT PERMIT 0/1687

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."

Name: (owner) Eft TIMA Thomas	New Installation Septic Tank
Property Location: SR# 100	Repairs Nitrification Line
Subdivision Thomas Ranch Estates	Lot #_ 2 B
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3(28x48)	Lot Size: 2-13AC
Basement with Plumbing: Garage:	
Water Supply: Well Public Commun	ity
Distance From Well:ft.	
Following is the minimum specifications for sewage disposa final approval.	l system on above captioned property. Subject to
Size of tank: Septic Tank: Oggallons	Pump Tank: gallons
Subsurface No. of ditches exact length of each ditch	width of 3 depth of 18 in.
French Drain Required: Linear feet	00 0-
Date	03-03-01
This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist	
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HARNETT COUNTY HEALTH DEPARTMENT AUT ORIZATION TO CON RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 1646 . 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 Ed 9 7 WA Thomas Name: ______ Telephone # 9/0 N5- 4279 Property Location: SR # //OD Road Name Line M Repair ____ Septic Tank ____ Nitrification Lines ____ Subdivision Thomas Planch Est. Lot # 2B Number of Bedrooms Proposed: 3(28x48) Lot size: 2.134Basement _____ With Plumbing ____ Without Plumbing ____ Water Supply: Well Public _____ Minimum Well Setback: 100 ft. Type of System: Conventional ____ Other ____ Tank Volume: Septic Tank 1000 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 Date: 03-01-01 (Revised 2/96) CNSTRCT. WPD