H TCOUNTY HEALTH DEPART OF NOT

IM. . ROVEMENT PERMI'.

Nº 14665

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."

from the Harnett County Health Department."	sposal of sewage without first (obtaining a written pern
Name: (owner) Willis Hayvey	New Installation	Septic Tank
Property Location: SR# 01/1257	Repairs	Nitrification Lin
206 River (noll Way - River &		
	Lot	
Tax ID#	Quadrant #	
Number of Bedrooms Proposed: Four	Lot Size: 0.80=	7 acres
Basement with Plumbing: Garage:		
Water Supply: Well Public Communit	y // //	
Distance From Well: 5 d ft.	y 4 Bad	room
Following is the minimum specifications for sewage disposal s	system on above captioned p	property. Subject to
∠ 選 \1		
Size of tank: Septic Tank: 1000 gallons		lone
Subsurface No. of sexact length of each ditch // 0		
French Drain Required: Linear feet	,	<u></u>
Date: _	88, Janua	NU 1989
This permit is subject to revocation if site	Mondent M	1 Wale
plans or intended use change.	Environmental Heal	lth Specialist
257'	evinatuminussispustinasi exputrissispustaniba	
Signal Si	110	lecon
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2.00		0
5		20 10

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* Maintain octbacks. **

* all parts of systems must be least 10' from properly lan

HAPNETT COUNTY HEALTH DEPARTMENT AUTI RIZATION TO CONS RUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 1465, 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.

Name: Walt May Date: 08 January 99	Owner or Authorized Agent		
Address: ZO Rivervices Pace Ming ton NC Property Location: SR #	Name: Willis Harvey Telephone # 8/4-6278		
New Installation Repair Septic Tank Nitrification Lines Subdivision Lot # Dlugg Lot # Lot # Number of Bedrooms Proposed: DUR Lot size: D. 80.7 Basement With Plumbing Without Plumbing Basement Without Plumbing Basement With Plumbing Water Supply: Well Public Minimum Well Setback: 5 ft. Type of System: Conventional Other Bump Chamber gallons Nitrification Field Specifications Number of fields Number of Lines per Field Length of lines Mitches Is a Length of lines Public Length of ditches Is Tench 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: Description Lines Linear Louis Health Department Name: Date: Description Linear Louis Linear Louis Health Department Name: Date: Description Linear Louis Li	1 1 1 1		
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Number of Bedrooms Proposed: POUR Lot size: D. 807 Basement With Plumbing Without Plumbing Ft. Water Supply: Well Public Minimum Well Setback: 5 ft. Type of System: Conventional Other gallons Nitrification Field Specifications Number of fields Number of Lines per Field Length of lines Mitches 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: Description Descrip			
Number of Bedrooms Proposed: Lot size:	Maria RIII		
Water Supply: Well Public Minimum Well Setback: 5 ft. Type of System: Conventional Other Tank Volume: Septic Tank Other gallons Nitrification Field Specifications Number of fields Number of Lines per Field Length of lines / Other Width of ditches ft. Depth of ditches / Septimized 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: Date: Date:			
Tank Volume: Septic Tank \(\begin{align*} \log \text{gallons} \\ \text{Nitrification Field Specifications} \\ \text{Number of fields} \(\begin{align*} \log \text{Length of lines} \\ \end{align*} \\ \text{Width of ditches} \(\begin{align*} \log \text{Septic Tank} \\ \end{align*} \\ \text{Mumber of Lines per Field} \(\begin{align*} \log \text{Length of lines} \\ \end{align*} \\ \end{align*} \text{Vinches} \\ \text{Width of ditches} \(\begin{align*} \log \text{Septic Tank} \\ \end{align*} \\ \end{align*} \\ \text{Depth of ditches} \(\begin{align*} \log \text{Septic Tank} \\ \end{align*} \\ \end{align*} \\ \end{align*} \\ \text{Depth of gravel} \\ \end{align*} \] No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department 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: \(\begin{align*} \text{Date:} \\ \end{align*} \) Date: \(\begin{align*} \text{Date:} \\ \end{align*} \) Date: \(\begin{align*} \text{Date:} \\ \end{align*} \)	Basement With Plumbing Without Plumbing		
Tank Volume: Septic Tank \(\begin{align*} \log \text{gallons} \\ \text{Nitrification Field Specifications} \\ \text{Number of fields} \(\begin{align*} \log \text{Length of lines} \\ \end{align*} \\ \text{Width of ditches} \(\begin{align*} \log \text{Septic Tank} \\ \end{align*} \\ \text{Mumber of Lines per Field} \(\begin{align*} \log \text{Length of lines} \\ \end{align*} \\ \end{align*} \text{Vinches} \\ \text{Width of ditches} \(\begin{align*} \log \text{Septic Tank} \\ \end{align*} \\ \end{align*} \\ \text{Depth of ditches} \(\begin{align*} \log \text{Septic Tank} \\ \end{align*} \\ \end{align*} \\ \end{align*} \\ \text{Depth of gravel} \\ \end{align*} \] No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department 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: \(\begin{align*} \text{Date:} \\ \end{align*} \) Date: \(\begin{align*} \text{Date:} \\ \end{align*} \) Date: \(\begin{align*} \text{Date:} \\ \end{align*} \)	Water Supply: Well Public Minimum Well Setback: 50 ft.		
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