HARMETT COUNTY HEALTH DEPARTM

Nº19918

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 Desert Services."

from the Harnett County Health Department."			
Name: (owner)	New Installation Septic Tank		
Property Location: SR# N(27	Repairs Nitrification Line		
010			
Subdivision Coopers Place			
Number of Bedrooms Proposed: 3(28)64)	Quadrant #		
	Lot Size: 1.00 AC		
Basement with Plumbing: Garage:			
Water Supply: Well Public Communit	y		
Distance From Well: ft.			
Following is the minimum specifications for sewage disposal s final approval.	system on above captioned property. Subject to		
Size of tank: Septic Tank: Oos gallons			
Subsurface No. of exact length of each ditch			
French Drain Required: Linear feet			
Date: _	12-10-02		
This permit is subject to revocation if site Signed:			
	Environmental Health Specialist		
35	-		
TAKIN DRIVE 35'			
130'			
F 388	LPP ROPIR		
35' 1 (28×64)	N. Iduis		
50 00000			
45'>			
35'			
3	41		
15 1 STUB Out Plumbing Shallow			
15 1 STUB Out Plumbing Shallow	J 18" MAX D. the Dyrths		
3	of Dave Depark Onsertic		

HAI TT COUNTY HEALTH DEPARTMENT AUT RIZATION TO CONSTRUC.

Authorization is hereby given to of Harnett County Health Department	ent, Improvement	Permit # \99\X	. This
authorization shall be valid for a This authorization will be invalid if	period not to exce fownership, site pl	ed five (5) years from the d lans, or intended use change	ate of issuance.
David Hill		893-9469	
Name		Telephon	e#
Address N (a)			
Property Location SR#	5	Road Nar 3 (28x64)	ne 1,20 Ac
Subdivision	Lot#	# Bedrooms Proposed	Lot size
	TYPE OF		
New Installation [] Repair	Septic Tank	Nitrificiation Lines	
1/2			
Conventional Other	Basem	ent []With Plumbing[] W	ithout Plumbing
Water Supply: [] Well Public Septic Tank / Oo	e - Minimum Well S	Setback: 5> Ft.	_
NITI	RIFICATION FIEL	D SPECIFICATIONS	
Number of fields# of line	es per field	Length of lines	_Ft.
Width of ditchesft. Dep	th of ditches	inches	
French Drain: Linear feet required	Depth	of gravel	
No wastewater system shinspection by the Harnett C	ounty Health D	epartment has determine	ned that the system
has been installed accordin valid		ons of the Improvemen mit has been issued.	t Permit and that a
	A comment of the comm	The state of the s	
Orling		10-10-02	
Signature of Authorized Agent for Harnet	tt County	Date	_