HARN COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMIT

Nº 19255 A DI-5-2537 Rev

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) SARAN Gregory	New Installation Septic Tank
Property Location: SR# NC 27	Repairs Nitrification Line
Subdivision Coper's Place	Lot #5
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3 (28	Lot Size: 1. 20 AC
Basement with Plumbing:	Garage: Note This peamet words Community Any other peamets issued on This lot prior to 2-25-03
Water Supply: Well Public	Community Any other permits issued on
Distance From Well:ft.	This for prior is d-ag-03
Following is the minimum specifications for final approval.	sewage disposal system on above captioned property. Subject to
Type of system: Conventional	Other
Size of tank: Septic Tank: 1000	gallons Pump Tank: gallons
Subsurface No. of exa Drainage Field ditches of e	each ditch 400 ft. ditches 3 ft. depth of depth of ditches in.
French Drain Required:]	
This permit is subject to revocation if sit plans or intended use change.	Date: 02-25-33 Signed: 9- Lune Environmental Health Specialist
Opur.	35'
p lay	386
36	28+ LPP Repaire 15
EN TE	MIT
	35
STUB Out Plumb DO not DRIVE STITEM is design.	one shallow maintain allset Backs or pack on septic system. Note septiced of for 3 Bed Room Mit only

HARN COUNTY HEALTH DEPARTM.... F AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 19255 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.	
Sagala Ca	
Name 8789 Telephone#	
NC 27	
Property Location SR# Road Name	
Coopers Place 5 3(28 x 80) Road Name	
Subdivision Lot # Bedrooms Proposed Lot Size	
TYPE OF SYSTEM	
[] Other	
[] Basement [] With Plumbing [] Without Plumbing	
Water Supply: [] Well Public Water Supply Minimum Well Setback: 55 Ft.	
Septic Tank 1000 gd Pump Chamber god	
NITIRFICATION FIELD SPECIFICATIONS	
Number of fields # of lines per field Length of lines # OD Pr	
Width of ditchesft. Depth of ditchesinches	
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 great determined the great determined that the great determined the great determined the great determined the great determined that the great determined the great deter	
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.	
1 0	
Signature of Authorized A 25-57	
Signature of Authorized Agent for Harnett County of Harnett Date	