01-5-2825

HARN COUNTY HEALTH DEPARTMI

Nº19809

IMPROVEMENT PERMIT

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	1 GREGORY		New Install	lation Septic	Tank
Property Location: SR#					cation Line
Subdivision Coopers					
Tax ID #			Quadrant #		
Number of Bedrooms Pro	posed: 3		Lot Size: 2.64		
Basement with Plumbing:		Garage: [
Water Supply: Well	Public [Community	У		
Distance From Well:	100 ft.				
Following is the minimum final approval. Type of system: Converge			ystem on above capt		
Size of tank: Sept.					HEG. IREID
Subsurface No. (of exact le of each	noth	width of	depth of	in.
French Drain Required:					
This permit is subject to revocation if site plans or intended use change. Date: Signed: Environmental Health Specialist ALL STATES OF THE PROPERTY OF THE P					
SETBACKS * MEET OU SITE PRIOR TO INSTALLATION	CREEK		38' 10' G-D	138	MIS
342	PRETREETI LPP REPAIR				314

TO NC27 ->

COUNTY HEALTH DEPARTM HARN **AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
This authorization will be invalid if ownership, site plans, or intended use change.						
SARAH GREGORY 892-8989 Name Telephone#						
Name Telephone#						
14 SHANE LANE DUNN NC 28334						
NC27 Property Location SR# Road Name						
COOKERS PLACE 4 3 2-64AC Subdivision Lot # Bedrooms Proposed Lot Size						
Subdivision Lot # # Bedrooms Proposed Lot Size						
TYPE OF SYSTEM						
New Installation [] Repair Septic Tank Nitrification Lines						
[] Conventional MOther Pung To POLYST YOUNG AGGREGATE TRENCH						
[] Basement [] With Plumbing [] Without Plumbing						
Water Supply: [] Well Public Water Supply Minimum Well Setback: 100 Ft.						
Septic Tank 1000 gal Pump Chamber 1000 gal						
NITIRFICATION FIELD SPECIFICATIONS						
Number of fields # of lines per field Length of lines Ft.						
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.						
Signature of Authorized Agent for Harnett County of Harnett Date						

Date