101-5-3378

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COUNTY HEALTH DEPARTMEN

Nº 18939

IMPROVEMENT PERMIT

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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) Kandall O Quina New Installation Septic Tank		
Property Location: SR# 1215 Posser C. Home Repairs Nitrification Line		
Subdivision Curtis Randall Jana Lot #2 5th B		
Tax ID # Quadrant #		
Number of Bedrooms Proposed: 2(14x74) Lot Size: 1, D Ac		
Basement with Plumbing: Garage: NOTE: This permit 25. te Water Supply: Well Public Community IS Limited To DBR Home only		
Distance From Well: 50 ft. MUT Met Onste		
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.		
Type of system: Conventional Other		
Size of tank: Septic Tank: OOO gallons Pump Tank: gallons		
Subsurface Drainage Field No. of ditches 2 exact length width of depth of ditches 3 ft. ditches in.		
French Drain Required: Linear feet		
This permit is subject to revocation if site part Signed: Date:		
plans or intended use change. Signed: Environmental Health Specialist		
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Man 1000 100 100 100 100 100 100 100 100 1		
THE TO ADE SITE 13		
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100 100 1		
30' FASement OpiVE		
$\frac{2}{3}$		
14x70 2BR S. t. A LPC		
LPP Repaire a6		
30' FAXMENT TOSR 1215 JSG		
MUST Meet Onsite - Maintain Allset Backs - 18" Outoh Ogrills		
00 mot DRIVE OR PARK on septic Systems keep systems		
10' Com All Ediments		

ARNETT COUNTY HEALTH DEPART IT AUTHORIZATION TO CONST....CT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
KANDALL D. Gunn 499-1134
Name 2915 Rossy P. Hman M Broadway Address
1215
Contro Randall Daum 2 Sik B 2 (1400) 1.0 AC
Subdivision Lot # Bedrooms Proposed Lot size
TYPE OF SYSTEM
New Installation Repair Septic Tank Nitrificiation Lines
Conventional Other
Water Supply: [] Well Public - Minimum Well Setback:Ft.
NITRIFICATION 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