HARNI COUNTY HEALTH DEPARTME

№ 18862

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as foll tion of any building at which a septic tank system is to be used for from the Harnett County Health Department."	disposal of sewage wi	thout first obtaining a written permit	
Name: (owner) Resina B. Hickle	New Installation Septic Tank		
Property Location: SR#			
Subdivision Poplar Mills.		Lot #_ 55	
Tax ID #	Quadran	t#	
Number of Bedrooms Proposed: 3 (27 ×76)	_ Lot Size:	t#	
Basement with Plumbing: Garage:	D MUT M	et onsite Before Enrall	
Water Supply: Well Public Commun	nity DONOT DRIVE	Enroneton Deanfold	
Distance From Well: 55 ft. Keep 57576 m	25 Fan Prom	the with Easenst	
Following is the minimum specifications for sewage disposa final approval.	l system on above o	captioned property. Subject to	
Type of system: Conventional Other	Minto Con	V.	
Size of tank: Septic Tank: 1000 gallons	Pump Tank: /	gallons	
Subsurface No. of exact length of each ditch 30			
French Drain Required: Linear feet			
Date:	12-13-01		
This permit is subject to revocation if site			
plans or intended use change.	Environm	ental Health Specialist	
		Ponel	
15 DRAWAGE FASEM		ts: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
751		Mup STSTEM	
N M M M	0	50 farm	
	REPAIRES	Paril \	
O al al al al al al al al	PreTriatmed	381	
Road RB RB RB LA B	\$ 73	2774 /50'	
e a di a L d u	Le l'appen		
000000000000000000000000000000000000000	In front	\	
	25'	4	
	& Belween	I REPAIR	
	Lines	7500070	
	120	I Is protected	
NOTE DONE OF 10' WIDE MAY		7.	
TOTAL DELVIS TITOL		18 Lechy	
Bralony Property Line As Shown - MAX 10 wie	1		
Minimum and Market Statement and the Principles of the Principles			

AU THORIZATION TO CONSTAUCT

Authorization is hereby given to construct a wastewater system to the specifications described by				
Harnett County Health Department, Improvement Permit # \(\frac{1}{2} \frac{1}{2} \). 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 or	wnership, site pl	ans, or intended use char	nge.	
Name BROWN Hick!	_	49	7-1707	
Name		Teleph	one#	
815 Lohe Run Pa				
Address				
MCA(O Property Location SR#		B - 13	T	
Λ^{-1}	55	3(27x76)		
Pop Me Mills	Lot #	# Bedrooms Proposed	I of size	
	,	" Doutonis Troposou	Lot size	
TYPE OF SYSTEM				
New Installation [] Repair [Septic Tank [Nitrificiation Lines				
[] Conventional Other Vunts Const [] Basement [] With Plumbing [] Without Plumbing				
Water Supply: [] Well Public - Minimum Well Setback: 50 Ft.				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field Length of lines 300 Ft.				
Width of ditches ft. Depth of ditches & MAI inches				
m supin o	T unches ()	ments.	8.7	
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.				
On WAR		17-12-01		
Signature of Authorized Agent for Harnett Cou	inty	Date		