HARNE'

COUNTY HEALTH DEPARTMEN

Nº 18861

IMPROVEMENT PERMIT

01-5-3539

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) JORGE MORALCS New Installation Septic Tank					
Property Location: SR# Repairs Nitrification Line					
Subdivision_VISTA Ridge Lot # E					
0					
Tax ID #Quadrant #					
Basement with Plumbing: Garage:					
Water Supply: Well Public Community					
Distance From Well:ft.					
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.					
Type of system: Conventional Other Rup to Conventional					
Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons					
Subsurface No. of ditches exact length of each ditch ditches ft. ditches ft. depth of ditches in.					
French Drain Required: Linear feet					
Date: 2-10-01					
This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist					
Environmental Health Specialist					
mun meet on te					
Must meet onsite Before Installing 4BR X Lussell Lep					
FILOU My Flags					
manuface all set Bate					
08					
(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
of DANE					
232 (5) Tan. 180 2 (8)					
415					
18" Max Ottoh Opth) [Garase]					
Do not Drive or prakon septe stitem					
SYSTEM IS FLASSED IN ROLD Blue Flags					

ARNETT COUNTY HEALTH DEPART IT AUTHORIZATION TO CONSTRUCT

Address SP (20) Property Location SR# When Installation [] Repair [Septic Tank [Nitrificiation Lines [] Conventional Other [] Well [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well [] Public - Minimum Well Setback:	Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 1866 . 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.					
Address Property Location SR#	Trace Marales		911-4	36-9468		
Address Property Location SR#	Name Telephone #					
Property Location SR# Conventional Other Problect Problect	9.1		*			
Property Location SR# Conventional Other Problect Problect	Address					
Subdivision Lot # #Bedrooms Proposed Lot size TYPE OF SYSTEM New Installation [] Repair [Septic Tank [Nitrificiation Lines [] Conventional Other [Lang to Conv. [] Basement [] With Plumbing [] Without Plumbing Water Supply: [] Well Public - Minimum Well Setback:	- 1-	12 200				
Lot # # Bedrooms Proposed Lot size	Property Location SR#					
Lot # # Bedrooms Proposed Lot size	Vi)ta Ridy	E	4 (32 x x2)	4.25AC		
New Installation Repair Septic Tank Nitrificiation Lines Conventional Other	The second secon	Lot #		the state of the s		
Water Supply: [] Well Public - Minimum Well Setback:						
Water Supply: [] Well Public - Minimum Well Setback:	New Installation [] Repair Septic Tank [Nitrificiation Lines					
Number of fields # of lines per field Length of lines \$\frac{1}{360}\text{Ft.}\$ Width of ditches ft. Depth of ditches inches French Drain: Linear feet required Depth of gravel						
Width of ditchesft. Depth of ditchesinches French Drain: Linear feet required Depth of gravel	NITRIFICATION FIELD SPECIFICATIONS					
Width of ditches ft. Depth of ditches inches French Drain: Linear feet required Depth of gravel	Number of fields# of lines per			Yt.		
	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