This perent is HAT TT COUNTY HEALTH DEPARTMENT Nº 18732					
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 perm from the Harnett County Health Department."	it				
Name: (owner) DAM ME Koy New Installation Septic Tank					
Name: (owner) To And Mc Koy Property Location: SR# Way Left On VE Repairs New Installation Repairs Nitrification Line	e				
Subdivision (And Mark Lot # 20 B	To the second				
Tax ID #					
Number of Bedrooms Proposed: 2 (14 x 70) Lot Size: 82 AC					
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					
Size of tank: Septic Tank: gallons Pump Tank: gallons					
Subsurface Drainage Field No. of ditches exact length of each ditch ft. ditches depth of ft. ditches					
French Drain Required: Linear feet					
Date: 3 8-02					
This permit is subject to revocation if site Signed: 95 WAS					
plans or intended use change. Environmental Health Specialist					
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IARNETT COUNTY HEALTH DEPAR AJTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 18732						
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.						
SUAM MEKON		893-8500				
Name		Telephone	#			
Address						
	2					
Property Location SR#		Road Nam	e			
LANdMark	20B	2(14x70)	· 87m			
Subdivision	Lot #	# Bedrooms Proposed	Lot size			
TYPE OF SYSTEM						
New Installation [] Repair Septic Tank Nitrification Lines						
,						
Conventional Other						
Basement [] With Plumbing [] Without Plumbing						
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 $\frac{1824}{100}$ ft. Depth of ditches $\frac{1824}{100}$ 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.						
(S LILAR)		3-8-02				
Signature of Authorized Agent for Harnett Cour	nty	Date				

Date