HARNI COUNTY HEALTH DEPARTME

IMPOOVEMENT PERMIT

Nº 19006

02-5-4155 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) SOJE Alvarado	New Installation	Septic Tank		
Property Location: SR# 202	Repairs	Nitrification Line		
		11		
Subdivision TJP II				
Number of Bedrooms Proposed: 3(1/x 80) Lot	Quadrant #			
Number of Bedrooms Proposed: Lot	Size: 34AC	1100 +		
Basement with Plumbing: Water Supply: Well Public Community Control Soft of the Purp - Must meet on site				
Water Supply:	DEATION S 9	retoció dire		
Distance From Well: 50 ft.	SYTEM if ch	iane is wanted		
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to				
Type of system: Conventional Other	to Convertina	1		
Size of tank: Septic Tank: gallons Pun	2			
Subsurface No. of exact length	width of a de	enth of NOV		
Drainage Field ditches 5 of each ditch 60 ft.	ditches ft. di	itches 18 in.		
French Drain Required: Linear feet				
Date:	3-13-02			
This permit is subject to revocation if site Signed:				
plans or intended use change. Environmental Health Specialist				
1)	3			
116, 34	<u>.</u>	92,		
1200	11/11/20	20'		
3812	14×80			
7'	0	88		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	R			
1 / Pepair	1			
	E			
110.				
Rower Pole EFRONT Property Line A Road-	125	Rower		
1 (EVIEL TIME of 1000)	<u> </u>	1,316		
Owner could move house to get out Purp-(STSTEM MAS bi larger) Must meet owner onsite for changes -				
Must meet and onsite for changes -				
Mut meet Installer on Site Before Installing septic system				
18" MAX D. tch Depth - Maintain All Sct Backs				
18 MAX 1. ten Jepin - MA, NTHIN AT	Je I Species			

INETT COUNTY HEALTH DEPARTM **AUTHORIZATION TO CONSTRUCT**

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 1700 . This			
authorization shall be valid for a period not to exc. This authorization will be invalid if ownership, site i	The state of the s		
Jose Alvarado	914 718-	Saog	
Name	Telephone	and the second s	
Address	14		
Property Location SR#	Road Name	4	
TTO I	7 /	-	
Subdivision Lot #	# Bedrooms Proposed	Lot size	
TYPE OF	•		
	The state of the s		
New Installation [] Repair [Septic Tank]	Nitrification Lines	1	
[] Conventional Other Pup 15 Co			
[] Conventional Other	X 10 -		
[] Basement [] With Plumbing [] Without Plumbing			
Water Supply: [] Well Public - Minimum Well Setback:Ft.			
NITRIFICATION FIEL	LD SPECIFICATIONS	f	
Number of fields # of lines per field # \(\sum_{\text{Length}} \) Length of lines \(\sum_{\text{D}} \) Ft.			
Width of ditches ft. Depth of ditches inches			
Width of ditches ft. Depth of ditches	inches		
French Drain: Linear feet required Depth of gravel			
No wastewater system shall be covered or	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.			
(for With	03-17-02		
Signature of Authorized Agent for Harnett County	Date		