02-5-4210

## H. ETT COUNTY HEALTH DEPAR'

ENT

Nº 19108

## IIVIPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as	follows: Section III. Item B. "No Person	shall begin construc-
	ronous Beetion III, Item Di 110 I el son	shan begin constitue
tion of any building at which a septic tank system is to be used	for disposal of sewage without first obtain	ning a written nermit
from the Harnett County Health Department."	To any other or be made without this obtain	mig a written permit
Tom the Harnett County Health Department.		

from the Harnett County Health Department."	anyour of sewage without first obtaining a written perm
Name: (owner) FRANK ARNETTE	New Installation Septic Tank
Property Location: SR# HWY 27	Repairs Nitrification Lin
Subdivision FRANK ARNETTE	Lot #
Tax ID #	Quadrant #
Number of Bedrooms Proposed:	
Basement with Plumbing: Garage:	
Water Supply: Well Public Commun  Distance From Well: ft.	ity
Following is the minimum specifications for sewage disposa final approval.	
Type of system: Conventional Other	
Size of tank: Septic Tank: gallons	
Subsurface No. of of exact length of each ditch	width of depth of ft. ditches in.
French Drain Required: Linear feet	
Date:	d: 128/02
This permit is subject to revocation if site plans or intended use change.  Signe	d:Environmental Health Specialist
* MAINTAIN ALL SETBACKS	40, 5J
A RUN LINES ON CONTOUR	38'×60'
	CONV. REPAIR

## RNETT COUNTY HEALTH DEPART! [ AU IHORIZATION TO CONSTAUCT

Authorization is hereby given to con Harnett County Health Department authorization shall be valid for a per This authorization will be invalid if of	t, Improvement leriod not to excee	Permit # 19)08 ed five (5) years from the	. This date of issuance.	
FRANK ARNETTE		910-483-586	17	
Name		Telepho		
& POBOX 558 SALEM	BURG NC	28385		
Address				
LE KWH				
Property Location SR#		Road Na	me	
FRANK ARNETIE	4	3	1.16 ACS	
Subdivision	Lot #	# Bedrooms Proposed	Lot size	
	TYPE OF S	<u>YSTEM</u>		
New Installation [ ] Repair X S	Septic Tank 🔀 N	Nitrification Lines		
Conventional Other				
[ ] Basement [ ] With Plumbing [ ] Without Plumbing				
Water Supply: [ ] Well   Public -	Minimum Well Se	etback: 100 Ft.		
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields # of lines per field Length of lines Ft.				
Width of ditches ft. Depth of ditches\8 inches				
French Drain: Linear feet required	Depth of	gravel		
No wastewater system shall inspection by the Harnett Cour has been installed according to valid Op	nty Health De	partment has determi	ned that the system	
Mithel M	i.	3   28/02		

Date

Signature of Authorized Agent for Harnett County