HARNI COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

Nº 19040 02-5-4271

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

nom the Harnett County Health Department."		
Name: (owner) Kyer & Robin America	New Installation Septic Tank	
Property Location: SR#_N(27	Repairs	Nitrification Line
Subdivision Long leaf	Lot	# 49
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3 (14 x 83)	ot Size: 2.08 Ac	
Basement with Plumbing: Garage:		
Water Supply:		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal sys	stem on above captioned p	roperty. Subject to
final approval. Type of system: Conventional Other		
Size of tank: Septic Tank: Journal gallons Pr		
Subsurface No. of exact length of each ditch 400 f	it. ditches 3 ft. dit	ches 8 in.
French Drain Required: Linear feet	11	
Date:	4-8-02	
This permit is subject to revocation if site for Signed:plans or intended use change.	Ja war	.5
plans of intended use change.	Environmental Healt	th Specialist
		or meet onite
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Ont DRIVE on park onseptic system	30 0	

INETT COUNTY HEALTH DEPARTM AUTHORIZATION TO CONSTRUCT

Harnett County Health Department, Improvem	nent Permit # 170 40. This	
authorization shall be valid for a period not to e This guthorization will be invalid if ownership, si		
Roger & Robin America		
Name /	Telephone #	
Address		
N(2) Property Location SR#	Road Name	
Longled De 49	3(14xx) 206A	
Subdivision Lot #	# Bedrooms Proposed Lot size	
TYPE OF SYSTEM		
[New Installation [] Repair Septic Tank Nitrification Lines		
7,		
Conventional Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well . [Public - Minimum Well Setback:Ft.		
NITRIFICATION FIELD SPECIFICATIONS		
1		
Number of fields # of lines per field Length of lines \(\frac{1}{2} \) Ft.		
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth of gravel		
No wastewater system shall be covere	d 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.		
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Signature of Authorized Agent for Harnett County	4-8-02 Date	
	20T2 (27T 2/27)	