COUNTY HEALTH DEPARTME HARN

IMPROVEMENT PERMIT

County Board of Health as follows: Section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section IIII. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall begin as the section III. Item R "No Person shall be sha

tion of any building at which a septic tank system is to be used for different the Harnett County Health Department."	isposal of sewage without fir	rerson snan begin construc- st obtaining a written permit
Name: (owner) (Juna) Rom Hornes	\(\overline{\	n Septic Tank
Property Location: SR# (270	Repairs	Nitrification Line
Subdivision Johny Fancloth		ot #
Tax ID #	0	,
Number of Bedrooms Proposed: 3 (28 x 56)	Lot Size: 1,05 Ac	
Basement with Plumbing: Garage:		
Water Supply: 🔲 Well 🗡 Public 🔲 Communit	 ty	
Distance From Well:ft.	-	
Following is the minimum specifications for sewage disposal in a lapproval.	system on above captione	d property. Subject to
n - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	·	
Size of tank: Septic Tank: gallons		rallons
Subsurface No. of exact length of each ditches of each ditches		
French Drain Required: Linear fact		
This permit is subject to revocation if site Signed	H-22-52 Environmental H	ealth Specialist
231	Jh.	STUB Ot.
	10 24	Shallow
The 80	E	18" Dt. L Droth
105		All st Back
D \ 80,	. 84	Do not Drive Deprak on
		OR MINOR ON
High Field LANG	; -	Syntu System

NETT COUNTY HEALTH DEPARTM AD A HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a waster Harnett County Health Department, Improvement authorization shall be valid for a period not to exceed this authorization will be invalid if ownership, site parties authorization will be invalid if ownership, site parties authorization will be invalid if ownership, site parties authorization will be invalid if ownership.	Permit # 17059. This sed five (5) years from the date of issuance.	
- april Run Hones	258-5512	
Name	Telephone #	
Address		
1270		
Property Location SR# On Mark Colon On Mark Colon	3 (28×56) 1.05 az	
Suldivision U Lot #	# Bedrooms Proposed Lot size	
TYPE OF	SYSTEM	
New Installation [] Repair Septic Tank [Conventional Other		
A Nouvemental Other		
[] Basement [] With Plumbing [] Without P	lumbing	
Water Supply: [] Well [Public - Minimum Well S		
Number of fields # of lines per field Length of lines 500 Ft.		
Width of ditches ft. Depth of ditches inches		
French Drain: Linear feet required Depth o	f 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.		
() se Whill	4-22-22	
Signature of Authorized Agent for Harnett County	Date	