## HARITT COUNTY HEALTH DEPARTMENT

IMPROVEMENT PERMI.

Nº 19551

03-5-5142

tion of any building at which a septic tank system is to be from the Harnett County Health Department."	used for disposal of sewage without first obtaining a written permit
Name: (owner) CRYSTAL Mª DOUSA	New Installation Septic Tank
Property Location: SR# 1202	Repairs Nitrification Line
Subdivision T3P	Lot #
Tax ID #	Quadrant #
Number of Bedrooms Proposed: 3(14)	Lot Size: 48 Ac
Basement with Plumbing:	Garage:
Water Supply: Well Public 🔲 C	Community
Distance From Well:ft.	
Following is the minimum specifications for sewage final approval.	disposal system on above captioned property. Subject to
_ ~ ~ ~	Other
	ns Pump Tank: gallons
	th width of depth of ch 100 ft. ditches 3 ft. ditches 18 in.
French Drain Required: Linear	
	Date: 7-30-02
This permit is subject to revocation if site	Signed: Jo WEST AS
plans or intended use change.	Environmental Health Specialist
Police	94 115 P.pe
15	F-9
L DRNE	Br 80.
100	1x7L \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
	1 1/13
	m-1
2	Lir.
	Pepa.n
	220 Blue Paint line 7 Toon 9 Pice
Meet Onsite Before InsTA	Ming 18" Ditch Depths - Outside
Line mas be 18+024 -000	de Line 18" Maintain All set Backs
DO not OPVE DE PAR	ek on sente cute
	Jan Jan

## HAI TT COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUC.

Authorization is hereby given the Harnett County Health Department authorization shall be valid for	ment, Improvement a period not to exce	Permit # \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. This ate of issuance.	
This authorization will be invalid		lans, or intended use change	<u>e.                                    </u>	
Crystal Ms Do	-XAICI	Telephone	e#	
311 36 36 36 112 11 12				
Address	Marine de la companya de la contrada			
Property Location SR#				
T.T.C	2	Road Nam	The second of th	
Subdivision	Lot#	# Bedrooms Proposed	. Yr Ar Lot size	
	3.		Dot Size	
	TYPE OF	SYSTEM		
	1/			
New Installation [ ] Repair	Septic Tank	Nitrificiation Lines		
Conventional Other	[ ]Baseme	ent [ ]With Plumbing [ ] Wi	thout Plumbing	
Water Supply: [ ] Well Publ Septic Tank	lic - Minimum Well S	Setback: 55 Ft.		
NIT	TRIFICATION FIEL	D SPECIFICATIONS		
Number of fields# of lin	nes per field	Length of lines	Ft.	
Width of ditches ft. Depth of ditches inches				
French Drain: Linear feet required Depth of gravel				
No wastewater system sl				
has been installed according	County Health De	epartment has determin	ed that the system	
has been installed according valid		nit has been issued.	Permit and that a	
Signature of Authorized Agent for Harne	oft Country	7-20-02		
Signature of Authorized Agent for Harm	en County	Date		