## HARN T COUNTY HEALTH DEPARTM

HARN T COUNTY HEALTH DEPARTM

Nº19751

IMPROVEMENT PERMI

03-5-5568

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." from the Harnett County Health Department."

Name: (owner) Crothia Burgess	New Installation	Septic Tank
Property Location: SR# N(27	Repairs	Nitrification Lin
Subdivision Timber Line Est	Lot	#_ 10
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: 3(14 x 85)	Lot Size: 3.44 Ac	# 1 P
Basement with Plumbing: Garage: Water Supply: Well Public Commu	D More home is in	A LOW ARIA
Water Supply:  Well Public  Commu	nity of Pune CITEM-	Muz and or
Distance From Well: 55 ft. Site 7	bepte home site	*****
Following is the minimum specifications for sewage dispos final approval.	$\wedge$	
Type of system: Conventional Other		
Size of tank: Septic Tank: Septic Tank:	Pump Tank: 1000 gall	ons
Subsurface No. of exact length of each ditch	width of dep ft. ditches ft. dit	pth of 18 in.
French Drain Required: Linear feet	0 22	
This populit is subject to account in its	ed: 9-27-02	
This permit is subject to revocation if site plans or intended use change.	Environmental Healt	sh Consistint
	Environmental Healt	in Specialist
30 Farint 1 . Cole	lah	
me por	live.	
Meet onsite AMA		- 1 To 1 To 1 To 1
lefore Installing Punh	4	Pak
SPATIC STITEM	link	
Maintain All		12
Set Backs [m]		
1 000		
Follow contany		
gond Deve on Pond		
Park on septic	700 [	
STITEM.		
3137LM.		
		Pink f.bbon
		OW K. A. SOST.

## HA TT COUNTY HEALTH DEPARTMEN AUT\_JRIZATION TO CONSTRUC.

Authorization is hereby given to construct a waste Harnett County Health Department, Improvement authorization shall be valid for a period not to exc This authorization will be invalid if ownership, site	eed five (5) years from the date of issuance	
$C_{i \sim 11} = \Omega$		
Name Durges	49x. 5547 Telephone #	
Address		
Property Location SR#		
Property Location SR#  Timber Line Est  Subdivision	Road Name	
(ImborLine Est 1)	3(14×80) 3.44Ac	
Subdivision Lot #	# Bedrooms Proposed Lot size	
TYPE OF SYSTEM		
[] Conventional Other / Septic Tank   ] Baser	Nitrificiation Lines	
[ ] Conventional Other Ly to Conve [ ]Basen	nent [ ]With Plumbing [ ] Without Plumbing	
Water Supply: [ ] Well   Public - Minimum Well Septic Tank / / 0.00 Pump	Setback:Ft. Chamber	
NITRIFICATION FIE	LD SPECIFICATIONS	
Number of fields# of lines per field/	Length of lines 45 Ft.	
Number of fields # of lines 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 shall be covered inspection by the Harnett County Health I	or placed into use by any person until an	
has been installed according to the condit	ions of the Improvement Permit and that a mit has been issued.	
Qu LANI	9-23-02	
Signature of Authorized Agent for Harnett County	Data	