HARN COUNTY HEALTH DEPARTME

IMPROVEMENT PERMIT

Nº19765 03-5-5634

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."

Property Location: SR#	ne —		
Turn onto GRAPE Fruit Lane 75 The END Subdivision Lot #			
Tax ID # Quadrant #			
$-$ Quadrant π			
Number of Bedrooms Proposed: 3 (14) 70 Lot Size: 3.18 AC	-		
Basement with Plumbing: Garage:			
Water Supply:			
Distance From Well:ft.			
Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.			
Type of system: Conventional Other			
Size of tank: Septic Tank: OOS gallons Pump Tank: gallons			
Subsurface Drainage Field No. of ditches 3 exact length of each ditch 8 ft. ditches 1 ft. depth of 18 in.			
French Drain Required: Linear feet			
Date: 10-8-02			
This permit is subject to revocation if site plans or intended use change. Signed: Finding Plans of the subject to revocation if site plans or intended use change.			
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Most 18 80 LPPRIPAIN Plumbing Shallse	-		
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Harnett County Health De authorization shall be valid	partment, Improvement Permit # This for a period not to exceed five (5) years from the date of issuance. walld if ownership, site plans, or intended use change.
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Name	893-5854 Telephone #
	Telephone #
Address	
1117	
Property Location SR#	Road Name
	- 3(14x70) 21X
Subdivision	Lot # # Bedrooms Proposed Lot size
	TYPE OF SYSTEM
New Installation [] Rep	pair Septic Tank [Nitrification Lines
	0 ()
Conventional Other	
[] Basement [] Wil	th Plumbing [] Without Plumbing
Water Supply: [] Well X	Public - Minimum Well Setback:Ft. Pump Chamber NITRIFICATION FIELD SPECIFICATIONS
Number of fields #	of lines per field 3 Length of lines 5 Ft. ft. Depth of ditches inches
French Drain: Linear feet req	uired Depth of gravel
has been installed acco	m shall be covered or placed into use by any person until an ett County Health Department has determined that the system ording to the conditions of the Improvement Permit and that a ralid Operations Permit has been issued.
Signature of Authorized Agent for	Harnett County Date