HARN COUNTY HEALTH DEPARTMI

IM. ROVEMENT PERMIT 03-5-6112

County Board of Health as follows: Section 19257 Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construc-

from the Harnett County Health Department."	is to be used for disposi		
Name: (owner) GARY Koester		New Installation	Septic Tank
Property Location: SR# NCQ		☐ Repairs	Nitrification Line
TURN At PAVE After			
Subdivision CM-L-Properties		Lo	t#_9A
Tax ID #	> /=	Quadrant #	
Number of Bedrooms Proposed: 2(14x7)	(3 max) Lot	Size: 10.9AC	
Basement with Plumbing:	Garage:	Home Owice has 14	At least 3 BR Home for up to 3 BR
Water Supply: Well Public	☐ Community	se designed for	Garage to 3 BR Hame
Distance From Well: ft.	37.	tome	151 Up 13 3 DR
Following is the minimum specifications for s	sewage disposal syste	m on above captioned	property. Subject to
final approval. Type of system: Conventional	Other		
Size of tank: Septic Tank: 1000			llons
Subsurface No. of exact Orainage Field ditches of each	ach ditch ft.	ditches ft. d	itches 1830 in.
French Drain Required: L		2 20 0	
This normit is subject to recognition if site	Date:	3-03-03	
This permit is subject to revocation if site plans or intended use change. Signed: Environmental Health Specialist			
r-market use onlinger	Fence	Environmental Hea	ann Specialist
ENCAY GATE	DRI	E	
ENC at GATC.			
STUB Out Plumbing Shallow		110'	
Stub De Housing Statistic	20' 50		PleAse note
18 to 30" Ditch Depths			That The
1 (1/30K)	The second secon		Mar Radiana
MAINTAIN ATTSET SITE	45' 200		Area Br sque
Maintain all set Baks Fina Cusem within	288		STOTEM MUIT
trap STS Em Within	45' 28R Repair 14	3200	Not go ang Frether Back
Wy ARIA - 115 From Front 129	Repair 14	3223	Not 80 Mg Farther Back
My ARIA - 11s' From Front My ARIA - 11s' From Front Ence is MAX. Brik ARIA 129	Repair 14	3223	Not go and Facther Back Tran 110 From Front Fence
My ARIA - 11s' From Front My ARIA - 11s' From Front Ence is MAX. Brik ARIA 129	Repair 14	3223	Not 80 Mg Farther Back
My ARIA - 115 From Front My ARIA - 115 From Front Ence is MAX. Brik ARIA 129	Repair 14	3223	Not go and Facther Back Tran 110 From Front Fence
trop STSEM Within Wy ARIA - 115' From Front Wy ARIA - 115' From Front Ence is MAX. Brik ARE Sept. 135 tem 9 Tank ARE Cles 18med for 3 Bedasom	Repair 14	3,43	Not go and Facther Back Tran 110 From Front Fence
trap STSEM Within The STSEM Within The State of Tank Are State 13 for 3 Bedason Home	Repair 14	3223	Not go ang Frether Back Tran 110 From Front Fence (10th Tee Post)

HARNI _ COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

This authorization will be invalid if o	nestruct a wastewater system to the specifications described nent, Improvement Permit # This riod not to exceed five (5) years from the date of issuance. ownership, site plans, or intended use change.		
Name Vocata	458-0868		
Name	498 - 08 6 8 Telephone#		
Address			
Property Location SR#			
Cam. L. Pres	Road Name Oct # # Bedrooms Proposed Lot Size		
Subdivision	D. 29/2		
	# Bedrooms Proposed Lot Size		
	TYPE OF SYSTEM		
New Installation [] Repair	Septic Tank [Nitrification Lines		
Conventional [] Other	y Soprie Tank [KNitrification Lines		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well [\ Public	Water Supply Minimum Well Setback: 50		
Septic Tank 1000 gal Pt	amp Chamber god		
	FION FIELD SPECIFICATIONS		
Number of fields # of:	7		
Number of fields # of lines per field Length of lines Ft. Width of ditches ft. Depth of ditches inches			
Width of ditches ft. Depth	of ditches $18-30$ inches		
French Drain: Linear feet required	Depth of gravel		
No wastewater system shall be			
Harnett County Health Department has	or placed into use by any person until an inspection by the determined that the system has been installed according to		
the conditions of the Improvement P	ermit and that a valid Operations Permit has been issued.		
	operations remit has been issued.		
(M) AM	00		
Signature of Authorized Agent for Harnett Coun	020203		
a font for marnett Coun	ty of Harnett Date		