20338

HTE 63-5-8458-2

IMPROVEMENT PERMIT

from the Harnett County Health	Department."	s to be used for d	_	/		/
Name: (owner)	ell Developm	newts		lew Instal	lation	Septic Tank
Property Location: SR#_/5	57 SILAS MO	ork ON DEF	ANNE LN TR	epairs		Nitrification Line
Subdivision Quar 1 1to	Ilow PH I		4	- h	Lot #	19
Tax ID #	<u> </u>		Quad	rant #		
Number of Bedrooms Propos	sed:3		Lot Size:	. 00	59	
Basement with Plumbing:		Garage:				
Water Supply:		☐ Community				
Distance From Well:	50 ft.					
Following is the minimum s	specifications fo	or sewage disp	osal system or	above c	aptione	ed property. Subject
to final annroyal						
Type of system:	nventional	Other Pump	to INNOVATI	VE Syst	En 1	
Size of tank: Sep	tic Tank: /000	_gallons	Pump Tank:	1000 ga	illons	
Subsurface No. of	exact le	ength	width	of _		depth of
Drainage Field ditches	2 of each	ditch_100_	ft. ditche	s_3		ditches 30 →18 in.
French Drain Required:	Li	near feet				
			Date:			
This permit is subject to re-	vocation if site			ames	5%	Nanhant @ de
			Signed.			Nanhant Das alth Specialist
			Signed.	nvironme	ntal He	alth Specialist
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			Signed.	nvironme nutica) her 5H 18'' H	Tow L	alth Specialist TUES TO And RUN Icl Stepdown,
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plans or intended use chang	ge.	18	Signed.	NVIFORME PULL SH 18" H UP TO PE	TON LANGUES AUG.	alth Specialist TUES TO And RUN Icl Stepdown,
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HARN COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit #
Name Sold Charation Libration F.V. N.C. 27526 Address
Address CHRESTERN LIGHT TO F.V. N.C. 27526
Property Location SR# Sles Moore
Road Name
Subdivision Lot # # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
[] New Installation [] Repair [] Septic Tank [] Nitrification Lines
[] Conventional [JOther TNNOVATONE 25% red
[] Basement [] With Plumbing [] Without Plumbing
Water Supply: [] Well [] Public Water Supply Minimum Well Setback:Ft.
Septic Tank 1600 gd Pump Chamber 1000
NITIRFICATION FIELD SPECIFICATIONS
Number of fields Z # of lines per field Z Length of the state of the s
Width of ditches ft. Depth of ditches ft. Depth of ditches ft.
French Drain: Linear feet required Depth of gravel
Depth of 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.
Signature of Authorized Agent & II
Signature of Authorized Agent for Harnett County of Harnett Date