055-11668 R

Nº 19630

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tion of any building a from the Harnett Co	at which a septic tank sy ounty Health Departmen	stem is to be used fo nt."	r disposal of se	wage without fir	Person shall begin constructs obtaining a written permi
Name: (owner)	Randy & Lori	Szczuble	USK, DI	vew Installation	n Septic Tank
Property Location	: SR# 203/	wire Rf.	D	Repairs	on Septic Tank  Nitrification Line
					ot #
Tax ID #			Q	uadrant #	
Number of Bedroo	oms Proposed: 3		Lot Size:	5.01	
Basement with Pla	umbing:	Garage			
Water Supply: [	Well Public	c 🔲 Commu	ınity		
Distance From We	ell: 50	ft. <b>←</b>			
final approval.					ed property. Subject to
Type of system:	■ Conventional	Other_	25/6 Re	diction Sy	osh
	Septic Tank: 100				
Subsurface Drainage Field	No. of ditches 4	exact length of each ditch	o tt. ditch	of s ft.	depth of ditches 14 in. Way
French Drain Requ	uired:	Linear feet		1 -	
This permit is sul plans or intended	bject to revocation if	Date Sign	$\frac{04/2}{\text{ned:}}$	8/05 2 H-By	dealth Specialist
			En	vironmental H	lealth Specialist
* Kidweed fr	on 4				
* Reduced fr to 3 featson	one.		500		
* 6 of 50	of Court of				
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## HARNETT CC ITY DEPARTMENT OF PUB CHEALTH AUTHORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit #					
Randy + Lory SZCZUblensk; (919) 844-7/90  Name  739 Greenley Rd. Argyer N.L. 2561					
Property Location SR#  Road Name					
Subdivision Lot # Bedrooms Proposed Lot Size					
TYPE OF SYSTEM					
[ New Installation [ ] Repair [   Septic Tank [   Nitrification Lines					
[] Conventional [JOther 25% Reduction System					
[ ] Basement [ ] With Plumbing [ ] Without Plumbing					
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: Ft.					
Septic Tank gal Pump Chamber gal					
NITRIFICATION FIELD SPECIFICATIONS					
Number of fields # of lines per field Length of lines 60 Ft.					
Width of ditches ft. Depth of ditches inches					
French Drain: Linear feet required 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 for Harnett County  Date					