## HAI TT COUNTY HEALTH DEPART NT PERMIT 23065

construc	Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin tion of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written om the Harnett County Health Department."
Name: (	(owner) Athon Webster New Installation Septic Tank Repair
Tax ID#	V Location: SR# \[ \lambda \rightarrow \]  Sion \[ \lambda \rightarrow \rightarrow \rightarrow \]  Sion \[ \lambda \rightarrow
Number	of Bedrooms Proposed: 3(5002) 363 pc Lot Size: 1.3016
Baseme	int with Plumbing:  Garage:  Grander:  Grander
Water S	Supply: Well Public Community Change 4- 28 x 63 MR 2 3 BZ  e From Well: ft. Ok OH Change
	ng is the minimum specifications for sewage disposal system on above captioned property.
Subject	to final approval.
Type of	System: Conventional Other 25% Reduction STITEM
Size of	tank: Septic Tank: 1000 gallons Pump Tank: gallons
	exact length width of the first of each ditch of each ditches from the first of each ditches
French Drain Required:Linear feet \\ \frac{1259- Ned-tion 50tm}{Date: 06-06-06 08-03-06}	
-	rmit is subject to revocation if site  PERMIT EXPIRES 5 YEARS FROM ABOVE DATE  r intended use change.
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- 1	(1-03.06
	Signed: (1-03-56
	r intended use change.  Signed:  Environmental Health Specialist
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## HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH A HORIZATION TO CON RUCT

Harnett County Department of Public Health, Improvement Permit # 2306 This authorization shall be valid for a period not to exceed five (5) years from the last of the specifications described by
authorization shall be valid for a period not to exceed five (5) years from the date of issuance.  This authorization will be invalid if average in site of the site of the date of issuance.
or intended use change
Anthon Webster
Name Telephone #
Address
Property Location SR#
Property Location SR#  28×60 tox 30 OV Road Name  28×60 tox 30 OV Road Name
Subdivision  28×00 Ov Road Name  3 (Sax 3) 76 pd 1.37 mt  Subdivision Lot # Bedrooms Proposed Lot Size
TYPE OF SYSTEM
New Installation [ ] Repair Septic Tank Nitrification Lines
[ ] Conventional MOther 25% Reduction SYSTEM
[ ] Basement [ ] With Plumbing [ ] Without Plumbing
Water Supply: [ ] Well Public Water Supply Minimum Well Setback: 55 Ft.
Septic Tank gal Pump Chamber gal
NITRIFICATION FIELD SPECIFICATIONS
Number of fields # of lines per field Length of lines Ft.
Width of ditches ft. Depth of ditches of 25% Reduction
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.
01.03.06
Signature of Authorized Agent for Harnett County
Signature of Authorized Agent for Harnett County  Date  11-3-06
11-3-06