#61-5-1761

IT COUNTY HEALTH DEPART!

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

from the Harnett Co	ounty Health Department	."	lisposal of sewage without firs	
Name: (owner)	Passport DOOR Se	stems	New Installation	n Septic Tank
Property Location	: SR# 1703 Pec	Hell Church	Repairs	☑ Nitrification Line
Subdivision ///	west Grove		L	ot #/7
Tax ID #		7	Ouadrant #	
Number of Bedroo	oms Proposed:	4	Lot Size: , 886	
Basement with Plu	umbing:	Garage:		
Water Supply:	Well Public	Communication	ity	
Distance From We	ell:50'1	ft.		
final approval.	,		system on above captione	
			Pump Tank: g	
Drainage Field	No. of e	xact length of each ditch 100	width offt. ditches3ft.	depth of ditches 18-22 in
	uired:			
This name it is see			5-17-01	
plans or intended	bject to revocation if use change.	Signed	d: James & MA Environmental Ho	what specialist
	The same of the sa		* Main to	earth Specialist
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AL HORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18426. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change.

Owner or Authorized Agent MANN KOCOSKy				
Name: Possport DOON System Telephone # 915-679-0334				
Address: 8.0. Box 1840 Angien N.C. 27501				
Property Location: SR# 1703 Road Name Red Hill Charel				
New Installation Repair Septic Tank Nitrification Lines				
Subdivision Harvest Grove Lot # Lot #				
Number of Bedrooms Proposed: 4 Lot size:				
Basement With Plumbing Without Plumbing				
Water Supply: Well Public Minimum Well Setback: 50 ft.				
Type of System: Conventional Other				
Tank Volume: Septic Tank 1700 gallons Pump Chamber gallons				
Nitrification Field Specifications				
Number of fields				
Width of ditches 3 ft. Depth of ditches $18-72$ 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.				
Authorized Agent for Harnett County Health Department				
Name:				
(Revised 2/96)CNSTRCT.WPD				