HAR T COUNTY HEALTH DEPARTM

20275

HTE 03-5-7698R

IMPROVEMENT PERMIT

me: (owner) Revin 9 Dinah Gardner perty Location: SR# 1264 BROWN Rcl	Septic Tank	
perty Location: SR# 1264 BROWN Rcl	Repairs N	itrification Li
odivision Pical mont	Lot # _ 3	3-3-7 (4)
mber of Bedrooms Proposed: 4(32×76) Lot	Quadrant #	
mber of Bedrooms Proposed: 4(32×76) Lot	Size: 2.33 AC	
sement with Plumbing: Garage: X		
ter Supply:		
tance From Well: 55 ft.		
lowing is the minimum specifications for sewage disposal	system on above captioned pro	perty. Subje
inal approval.		
be of system: Conventional 200 Other	- Aller	_
e of tank: Septic Tank: gallons Pum	np Tank:gallons	
osurface No. of the exact length	width of depth	of a
osurface No. of ditches 4 exact length of each ditch 85 ft.	width of depth ditches ft. depth	es Ya4 in.
nch Drain Required: Linear feet	0	
Date	9-16-03	
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HARN I COUNTY HEALTH DEPART VT AUL... ORIZATION TO CONSTRUCT

by Harnett County Health Department, Improvement Permit # 2027 This authorization shall be valid for a period not to exceed five (5) years from the date of issuance.		
This authorization will be invalle if ownership, site plans, or intended use change		
Kevin & Dinah Gardner 814-248-1		
Name Telephone#		
Address / 26 \land		
Property Location SR# Road Name		
Road Name 3 4 (32 x 76) 2.77 A (Subdivision Lot # Bedrooms Proposed Lot Size		
Subdivision Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair [Septic Tank [Nitrification Lines		
Conventional [] Other		
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback: 5 Ft.		
Septic Tank 1200 gd Pump Chamber god		
NITIRFICATION FIELD SPECIFICATIONS		
Number of fields # of lines per field Length of lines & 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		
Trainer County Treatm Department has determined that the system has been installed		
the conditions of the Improvement Permit and that a valid Operations Permit has been issued.		
Signature of Authorized Agent for Harnett County of Harnett		
Signature of Authorized Agent for Harnett County of Harnett Date		
Date		