HAR! T COUNTY HEALTH DEPARTM

HTE 03-5-8242

IMPROVEMENT PERMIT

21020

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department." Name: (owner) Doby Roses & Shear New Installation Septic Tank Property Location: SR# 1103 Cyeass Ro Repairs Nitrification Line Subdivision Lot # _____Quadrant # _____ Tax ID # Number of Bedrooms Proposed: 3 Lot Size: 2.78Ac Garage: Basement with Plumbing: Water Supply: ☐ Well N Public Community Distance From Well: 50 Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other Pums To ConvEnTIONAL Type of system: Conventional Size of tank: Septic Tank: 1000 gallons Pump Tank: 1000 gallons Subsurface No. of exact length width of depth of 5 of each ditch 75 ft. Drainage Field ditches ditches 3 ft. ditches 18 in. French Drain Required: Linear feet Date: 12 22/03 This permit is subject to revocation if site RS (OLIVER TOLKSPORF Signed: ____ plans or intended use change. Environmental Health Specialist 251 *MAINTAIN ALL SETBACKS * ROAD DITCH MUST BE DIVERTED 170 FROM DRAIN FIELD 500 * CALL WITH AMY QUESTIONS PRIORZ TO INSTALL ATION EDEE OF R CLZ 1103

HARNL.. COUNTY HEALTH DEPARTMENT AUTHORIZATION TO CONSTRUCT

by Harnett County Health	Department, Improvement Permit # _ 6	the specifications described
authorization shall be vali This authorization will be	d for a period not to exceed five (5) years invalid if ownership, site plans, or intended	from the date of issuance.
	NERRY	use change
Name	NC18C1	910-245-2893
95 Cygore P.	C	Telephone#
Address	CAMERON NC 28326	
1103 CYPRE		
Property Location SR#		Road Name
	3	
Subdivision	Lot # # Bedrooms Proposed	Lot Size
	TYPE OF SYSTEM	
New Installation []R	epair Septic Tank Nitrifica	
	Nitrifica	tion Lines
[] Conventional	ther PUMP TO CONVENTIONAL	
[] Basement [] With Plumbing [] Without Plumbing		
Water Supply: [] Well Public Water Supply Minimum Well Setback:Ft.		
Septic Tank 1000	gd Pump Chamber 1000	
NITIRFICATION FIELD SPECIFICATIONS		
	# of lines per field Length o	f lines 75 Ft.
Width of ditches 3	ft. Depth of ditches 18 inches	
French Drain: Linear feet required Depth of gravel		
AND RESIDENCE OF THE PROPERTY		
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		
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.		
The second secon	provement Permit and that a valid Operation	is Permit has been issued.
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Mil is	1 PS in land	2
Signature of Authorized Agent in	or Harnett County of Harnett	Date
	7.55	Date