HARN COUNTY HEALTH DEPARTMI

HTE# 05-500 12162

This pennt Replaces IMPROVEMENT PERMIT 22669 Report # 12528 That Was issued on 845-97

1		41) 65/15 135				
construct		g at which a se				person shall begin at first obtaining a written
Name: (owner) (Choo Ch	nos Homes	New Installation	Septic T	ank 🖾 Repair 🗖
Property	Location: SR#	NCa	1	Nitrificatio	n Line 🗷 E	
Subdivis	sion Herita	19c V.116	4.96		Lot	# 6-15
Tax ID#	f CD 1 D	, 2	(100×51)	T . G'	Quadrant #_	(
		-	-	Lot Si	ze: .60 A	(
	nt with Plumbing			100		
Water S	upply:	ll Mar Pu	blic	ınity		
Distance	e From Well:	J)	^{tt.} ations for sewage d	ienosal system are	ahaya aantia	and nuonautr
	to final approv		ations for sewage u	isposai system oi	above captio	neu property.
Type of	system: \square (Conventional	Other Ru	pto Conven	Innert	
Size of t	tank: Septic Tanl	k: 1000	gallons Pum	p Tank: 1000	gallons	
Subsurfa	ace No. of		exact length	width o	of 2	depth of ditches 18-24 in.
Drainag	e Field ditche	s f	t. of each ditch	80 ft. ditches	ft.	ditches 1824 in.
French I	Drain Required:		Linear feet			
1 Tonon 1	orum required.		Emeai Teet	Date: 5-6	20-05	
This per	rmit is subject t	o revocation	n if site			FROM ABOVE DATE
plans or	r intended use c	hange.				
	Meet onsite	25.1	2 Oments Lines	Signad:	= 1 Au	
	Merp MAIN L	at Alone	for Property Lines	Signed	nvironmental	Health Specialist
	WIN CHICKE	111			1/1	15 EASEMENT
	182				25 25	X13 E1-
ľ		13			4	
onnect.cs		,	1717			152
olvici.		200			1 \ \ 2	× \
Way		28456		101	1 / 1	, \
W.		2720		MI	() '	/ / *
		of s.		Rypin	/ /	1/1/
	,			(asolf)	/ /	/ / / /
	35					
	Drive	-				EAJEM-
1	Throse	13				\ "\ /
						, 181
	Maintain		212			
	allythank	. (O(C			. /

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH AU ORIZATION TO CONST ICT

Harnett County Department of Public Health, Improvement Permit # 22 669. 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.						
Cho Choo Home)						
Name Telephone #						
$\mathcal{N} \in \mathcal{A} $						
December 1 in CD !!						
Hertax Village G-15 3(28x56) Subdivision Road Name Road Name Lot # Bedrooms Proposed Lot Size						
TYPE OF SYSTEM						
New Installation [] Repair Septic Tank [Nitrification Lines						
New Installation [] Repair Septic Tank [Nitrification Lines Conventional Other Conventional						
[] Basement [] With Plumbing [] Without Plumbing						
Water Supply: [] Well Public Water Supply Minimum Well Setback: 50 Ft.						
Septic Tank DOO gal Pump Chamber GOO gal						
NITRIFICATION FIELD SPECIFICATIONS						
Number of fields# of lines per field Horizontal Length of lines Ft.						
Width of ditches ft. Depth 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.						
0-110+21						
Signature of Authorized Agent for Harnett County						
Date						