1-5-3587

## HARNE COUNTY HEALTH DEPARTME

Nº 17657

## **IMPROVEMENT PERMIT**

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) Donald Gregory	New Installation	Septic Tank
Property Location: SR# 55 Hay	Repairs	Nitrification Line
Subdivision Braxton wood	Lot	#_2
Tax ID #	Quadrant #	
Number of Bedrooms Proposed:4	Lot Size:	
Basement with Plumbing: Garage: [	9	
Water Supply:  Well Public  Community	y	
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal s final approval.		
Type of system: Conventional Other		
Size of tank: Septic Tank: 1000 gallons		
Subsurface No. of ditches exact length of each ditch	width of	epth of tches 18.20 in.
French Drain Required: Linear feet	/ /	
	1/10/2002	0.0
This permit is subject to revocation if site plans or intended use change.  Signed:	Environmental Heal	(C. )
*Maintain all set backs	Ziiviioiiiieltai rical	an opecians.
* Rundituber on contour	130'	
+ NO DEEPER the 20 inder		
	- Cherin	
The state of the s	1001 4Br 13' 45'6	155
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## ARNETT COUNTY HEALTH DEPART AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit # 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.		
Jana 2 Comme		
Name 919 639-2646 Telephone #		
Name  FOT Bentica Rd. Ang. or N.C. 27501  Address		
Property Location SR#  Paged Name		
Road Name		
Brextonwood 2 4		
Subdivision Lot # Bedrooms Proposed Lot size		
TYPE OF SYSTEM  [ New Installation [ ] Repair [ ] Septic Tank [ ] Nitrificiation Lines  [   Conventional Other [ ] Basement [ ] With Plumbing [ ] Without Plumbing  Water Supply: [ ] Well [   Public - Minimum Well Setback: Ft.  NITRIFICATION FIELD SPECIFICATIONS  Number of fields # of lines per field 4 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 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.		
Signature of Authorized Agent for Harnett County  Date		

Date