ARNETT COUNTY HEALTH DEF TIMENT

Nº 17686

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows tion of any building at which a septic tank system is to be used for dis- from the Harnett County Health Department."	oosal of sewage without fir	Person shall begin construc- rst obtaining a written permit
Name: (owner) David Bander	_ 🗹 New Installation	on 🖸 Septic Tank
Property Location: SR# Old Stye LJ.		Nitrification Line
0 1		
Subdivision River land Estates	I	_ot #
Tax ID #	Quadrant #	
Number of Bedrooms Proposed:	Lot Size:	
Basement with Plumbing: Garage:	3	
Water Supply: 🔲 Well 🔟 Public 🔲 Community		
Distance From Well:ft.	* CC3	
Following is the minimum specifications for sewage disposal sy final approval.	•	ed property. Subject to
· · · · · · · · · · · · · · · · · · ·		
Size of tank: Septic Tank: 1000 gallons I	ump Tank:	gallons
Subsurface No. of exact length of each ditch Franch Prair Required:	width of ft. ditches ft.	depth of ditches / in Max
richen Diani Kedunen: I mear feet	3/6/2002	Gin or Com
This permit is subject to revocation if site plans or intended use change. Signed:	Environmental H	ealth Specialist
* Maintain all set backs		
* Ditchestable ruman contour	Perfect	
x No Deeler than 12 inche	pepi	
x 6: networf cover required	,	· 、
* old well must be filled in		,
prior to installing system 211	MH 27 X571	212
· L	1 30	
Pro-Li	2 V 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	٠ ٩٥
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	old It. Pa.	

RNETT COUNTY HEALTH DEPART T AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct Harnett County Health Department, Impauthorization shall be valid for a period of This authorization will be invalid if owners	rovement Per ot to exceed fi	mit # <u>//666</u> ive (5) years from th	This e date of issuance.	
David Oa hulzer	·	892-4405		
Name		,		
106 Earl "O"St. Enin	N.C. 283	79	· · · · · · · · · · · · · · · · · · ·	
Address		_	7	
Property Location SR#	· 	Old Jage Road Name		
five land	1	3	,71 Ac	
Subdivision	Lot#	# Bedrooms Proposed	Lot size	
T	YPE OF SYS	TEM		
[] New Installation [] Repair [] Septic	Tank [/] Nitr	ilication 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 fiel	dI	ength of lines 6	Ft.	
Width of ditches ft. Depth of ditches inches fc. Ucc French Drain: Linear feet required Depth of gravel				
No wastewater system shall be conspection by the Harnett County I has been installed according to the valid Operati	lealth Department	rtment has detern	nined that the system	
Buy Milion P.S.		3/4/2002 Date		
Signature of Authorized Agent for Harnett County		Date .		