#02-5-3857

## IMPROVEMENT PERMIT

Nº 18777

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." New Installation Septic Tank Name: (owner) DEWEY M Blajock Property Location: SR# 1415 RANK Church ad ☐ Repairs ☑ Nitrification Line Subdivision \_\_\_\_\_ Lot #\_\_\_\_\_ Tax ID #\_\_\_\_\_\_ Quadrant #\_\_\_\_\_ Basement with Plumbing: Garage: Public ☐ Community Distance From Well: \_\_\_\_\_\_ft. Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Type of system: Other \_\_\_\_ Septic Tank: /oo gallons Pump Tank: \_\_\_\_ gallons Size of tank: exact length width of depth of of each ditch of ft. ditches ft. ditches 18-22 in. Subsurface No. of ditches\_3 Drainage Field French Drain Required: \_\_\_\_\_ Linear feet This permit is subject to revocation if site plans or intended use change. Maintain all Sotbacks. HOME

JR 1415 -

## IARNETT 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 # 18777. 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.			
	-		_
DEWEY MI	Blalock	91	0-853-2886 Telephone #
Name		T	elephone #
269 Tripo Rd	1-11-1	N.C	27541
Address	CEIDACION	70.0.	21316
1415			1-1-11
Property Location SR#			Road Name
Troparty Education Site	i	_	
			1.863
Subdivision	Lot #	# Bedrooms Propos	sed Lot size
	TYPE OF SYS	TEM	
[ ] New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines			
[   Conventional Other			
[ ] Basement [ ] With Plumbing [ ] Without Plumbing			
Water Supply: [ ] Well [ ] Public - Minimum Well Setback:Ft.			
· N	ITRIFICATION FIELD SI	PECIFICATIONS	
2	3		(00 E4
Number of fields 2 # of lines per field 3 Length of lines 100 Ft.			
~			
Width of ditches ft. Depth of ditches inches			
French Drain: Linear feet required Depth of gravel			
	- I - S		
No mostowater system	shall be severed or pl	aged into year	av any person until an
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.			
vand Operations i clinic has been issued.			
cm 1	Some?	0 11	
Signature of Authorized Agent for Harnett County  Date			
Signature of Additionized Agent for married County			