09-5-4377

HARNETT COUNTY HEALTH DEPARTMENT

IMP ... VEMENT PERMIT

Nº 13858

Name: (owner) Russell Price	New Installation Septic Tank
Property Location: SR# 1769 Pamp Station	
Subdivision Price Land	Lot #
Tax ID #	Quadrant #
Number of Bedrooms Proposed:	Lot Size:
Basement with Plumbing: Garage	
Water Supply: Well Public Commu	inity
Distance From Well: ft.	
Following is the minimum specifications for sewage dispositional approval.	sal system on above captioned property. Subject to
Type of system: Conventional Other_	
Size of tank: Septic Tank: gallons	
Subsurface No. of exact length of each ditch 72	width of depth of ft. ditches 15-24 in.
This permit is subject to revecation if site	ned: 1/16/2002 Environmental Health Specialist
* Maintain all st buls * Run ditches on contour *If full can not be achieved from septictant to Lives pump will be needed	ST ST.

Rossell Dr.

NETT COUNTY HEALTH DEPARTM HORIZATION TO CONSTR._T

Authorization is hereby given to construct a waster Harnett County Health Department, Improvement authorization shall be valid for a period not to exceed This authorization will be invalid if ownership, site particularly authorization will be invalid if ownership.	t Permit # <u>/3 853</u> eed five (5) years from the da plans, or intended use change.	This te of issuance.
Russell Price	980-	388
Name	960-0965 Telephone #	
3985 Refe/Rd. Conde N.C.2 Address	18356	
776 9 Property Location SR#	Road Name	
Price land Subdivision Lot #	7	•
Subdivision Lot #	# Bedrooms Proposed	Lot size
TYPE OF	SYSTEM	
[New Installation [] Repair [Septic Tank Nitrification 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 / Length of lines 75 Ft.		
Width of ditches 3 ft. Depth of ditches 18-24 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	4/18/2002 Date	,

Date