HARNI COUNTY HEALTH DEPARTME

Nº 1553

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." Septic Tank Name: (owner) LORI DORMAN Mew Installation SR# 1769 010 STA6E Repairs Nitrification Line Property Location: Subdivision RIVERIAND ESTATES Lot # 8 _____ Quadrant # ____ Tax ID #_ Lot Size: 80 Acres Number of Bedrooms Proposed: ___ Garage: Basement with Plumbing: Public ☐ Community ☐ Well Water Supply: Distance From Well: Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Other INNOVATINE P.A.T. EEE - ZZZIMY INWS - 95-32 ☐ Conventional Type of system: Septic Tank: 1200 gallons Pump Tank: _____ gallons Size of tank: exact length width of depth of of each ditch ZOO ft. ditches 3 ft. ditches 16-18 depth of No. of Subsurface ditches_ Drainage Field French Drain Required: _____ Linear feet Date: ___ This permit is subject to revocation if site Signed: Environmental Health Specialist plans or intended use change. ysten Layout + Type may CONTRACTOR TOMEST Prior to INStp/ stor! 10 ORR MCHDO 1769 off Property Line

#03-5-5501

HAPATT COUNTY HEALTH DEPARTMENT AUT RIZATION TO CONSTRUC

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Name	DOMMAN FARAGROUND Rd	8	12-4405
1/00	- 1-1	T	elephone #
Address	AIRGROWN Rd	DUNN. N.	C. 28334
Address			
7769 Property Location Si		01	D STHEE
	Koad Name		
_REventa	and Estates	8	.80
Subdivision	Lo	t# # Bedrooms Propos	ed Lot size
		110000	Lot size
	TVP	E OF SYSTEM	
/			
[] New Installation [] Repair [] Septic Tank [] Nitrificiation Lines			
[] New Instantati	on [] Repair [] Septic Tan	k [Nitrificiation Lines	
	15072		
[] Conventional Other from []Basement []With Plumbing [] Without Plumbing			
		. ,	()
Water Supply: [] Well [Public - Minimum Well Setback:Ft.			
Septic Tank 1700 Pump Chamber			
NITRIFICATION FIELD SPECIFICATIONS			
	7		
Number of fields # of lines per field Z Length of lines Zoo Ft.			
Width of ditches	ft. Depth of ditches	lb-18 inches	
_	a Depth of ditches	19-10 inches	
E	_	_	
French Drain: Lin	near feet requiredI	Depth of gravel	
Control of the section of the sectio		No. of the Control of	
No wastew	ater system shall be cove	red or placed into use b	v 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 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.			
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Signature of Authority	es (/ (ANKAN	10.	-8-02
Signature of Authoriz	zed Agent for Harnett County	Date	