HARN [COUNTY HEALTH DEPARTM]

HTE 04-5-8900

IMPROVEMENT PERMIT

20757

Be it ordained by the Harnett County Board of Health as follows: Section of any building at which a septic tank system is to be used for disposal of from the Harnett County Health Department."		
Name: (owner) - James Way NE Mclean	New Installation	Septic Tank
Property Location: SR# 1783 Rod AMCH RD	☐ Repairs	Nitrification Line
Subdivision Raylnoats Courses Tax ID # Number of Bedrooms Proposed:3 Lot Size	Lot #	3
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: Lot Size	1.30 Acce	
Basement with Plumbing: Garage:		
Water Supply:		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal syst to final approval.	em on above caption	ed property. Subject
Type of system:		
Size of tank: Septic Tank: 1000 gallons Pump T	ank:gallons	
Subsurface No. of exact length of each ditch 100 ft.	width of ditchesft.	depth of ditches ZO in.
French Drain Required:Linear feet		
Date:	3-12-04	
This permit is subject to revocation if site plans or intended use change. Signed:	James & Man Environmental He	
28' DWMH -36'S Lippard 60' TV SR 1763 RED HELL CA	Left Ind m Property Con INSPECTED	

HARNETT CC ITY DEPARTMENT OF PUBL HEALTH AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20157. The authorization shall be valid for a period not to exceed five (5) recent for the construction.	is		
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.			
Name 910-897-4487 Telephone #	_		
730 Red Hz/1 CH 12D Erwin N.C. 28335			
Address			
Property Location SR# Road Name	_		
Subdivision 3 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 Water Supply Minimum Well Setback:Ft.			
Septic Tank gal Pump Chamber gal			
NITRIFICATION FIELD SPECIFICATIONS			
Number of fields # of lines per field 5 Length of lines Ft.			
Width of ditches ft. Depth of ditches Zo 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	$\overline{}$		
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.			
James & Marshant DNC 3-12-04			
Signature of Authorized Agent for Harnett County Date	_		