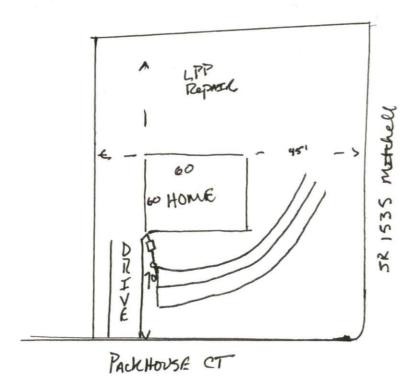
## COUNTY HEALTH DEPARTME

HTE 03-5-8280 R

**IMPROVEMENT PERMIT** 

20333

Be it ordained by the Harnett County Board of Health as fol- tion of any building at which a septic tank system is to be used for dif- from the Harnett County Health Department."	sposal of sewage without first obtaining a written permit
Name: (owner) KETH Bullock Burldens INC	New Installation Septic Tank
Property Location: SR#_1535 Mstchell Id	☐ Repairs ☐ Nitrification Line
Subdivision H+IZ Acnes	Lot #/
Tax ID #	Quadrant #
Tax ID #	Lot Size: 1.00 acce
Basement with Plumbing: Garage:	
Basement with Plumbing: Garage: Water Supply: Well Public Community	
Distance From Well:ft.	
Following is the minimum specifications for sewage dispoto final approval.	
Type of system: Conventional Other 25%	Eduction System TWWS-75-3K
Size of tank: Septic Tank: 1000 gallons	Pump Tank:gallons
Subsurface No. of exact length of each ditch 50 ft	width of depth of ditches 15 in.
French Drain Required:Linear feet	Date: 12-18-03
This permit is subject to revocation if site plans or intended use change.	Signed:



## AU ORIZATION TO CONSTRU

At LIONIZATION TO CONSTRUCT				
Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department, Improvement Permit #				
Name  Name  77 Overlege CT Argo Address	Les TNC	639	-74ZY	
Name		Telephone	#	
72 Overlede CT Arg	ien N	.C. 27501		
1444400				
Property Location SR#		Model Road Name		
Property Location SR#		Road Nam		
HAR reres		3	1.00	
Subdivision	Lot #	# Bedrooms Proposed	Lot size	
TYPE OF SYSTEM				
[ ] New Installation [ ] Repair [ ] Septic Tank [ ] Nitrification Lines				
[ *Conventional Other 25% Reduction 5754 Iwws-95-3n				
[ ] Basement [ ] With Plumbing [ ] Without Plumbing				
Water Supply: [ ] Well [   Public - Minimum Well Setback:Ft.				
NITRIFICATION FIELD SPECIFICATIONS				
Number of fields 2 # of lines per field 3 Length of lines 80 Ft.				
Width of ditches 3 ft. Depth of ditches 24 -> 18 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

Date