HAR T COUNTY HEALTH DEPARTM T

21078

HTE 03-5-8425 IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin constr tion 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,"
Name: (owner) Dous Halton (Wenchacuser) Thew Installation Septic Tank
Name: (owner) Doug Holton (Weyerhaeuser) Thew Installation Septic Tank Property Location: SR# 1266 Hicks M Repairs Nitrification Lin
Subdivision Hicks Rd Tract Lot#
Tax ID #Quadrant #Number of Bedrooms Proposed: 3 (50×50) Lot Size: 31.59 Ac
Number of Bedrooms Proposed: 3 (50×50) Lot Size: 31.57 Ac
Basement with Plumbing: Garage: G
Water Supply:
Following is the minimum specifications for sewage disposal system on above captioned property. Subjeto final approval.
Type of system: Z Conventional Tother hop to what shallow
Size of tank: Septic Tank: 200 gallons Pump Tank: 200 gallons
Subsurface No. of exact length width of depth of Drainage Field ditches 8 of each ditch 75 ft. width of ditches 3 ft. ditches in.
This permit is subject to revocation if site plans or intended use change. Linear feet Date: 02-04-04 Signed: Signed: Environmental Health Specialist
This permit is subject to revocation if site Signed: Signed:
plans or intended use change. SR 1266 Environmental Health Specialist
Must meet onsite Change Tracement May not Require purp Meep well job from any Part of Septic System
Must Bang In 81012" / 700"
of Approved Cover
135'
110'
63. Lel Ryp. 12 63

HARN I COUNTY HEALTH DEPAR ENT AUTHORIZATION TO CONSTRUCT

Name D Halton WegerHACU	sa.	
	A Article	Telephone#
Address		
1266	and the state of t	
Property Location SR#	3(60,50)	Road Name
Subdivision Lot #	# Bedrooms Proposed	3/. 59 Ad Lot Size
TYPE	OF SYSTEM	LAIL SIZE
[Xxx	c Tank Nitrificat	ion Lines
[] Conventional JOther My &	ulterstallow	
[] Basement [] With Plumbing [] With	out Plumbing	
Water Supply: Well [] Public Water	r Supply Minimum Well	Sothanler / O s
Septic Tank 1000 gd Pump Ch	namber 000	Setback:Ft.
NITIRFICATION I	FIELD SPECIFICATION	
Number of fields# of lines per fie	//	7
Width of ditches ft. Depth of ditc	10	rimes // Ft.
French Drain: Linear feet required		
		\ \ \ \.
No wastewater system shall be saveral	THE RESIDENCE OF THE PROPERTY	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
No wastewater system shall be covered or pl Harnett County Health Department has deter the conditions of the Improvement Permit	aced into use by any personnined that the system has	on until an inspection by the been installed according to
the conditions of the Improvement Permit	and that a valid Operation	is Permit has been issued.
	-7	23 A 25 5 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Signature of Authorized Agent for Harnett County of I		02-04-04