HARN I COUNTY HEALTH DEPARTM

HTE 04-5-10271R IMPROVEMENT PERMIT

20998

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."	sewage without first obta	aining a written permit
Name: (owner) Currin Busidens	New Installation	Septic Tank
Property Location: SR# 1415 RAW IS CHUNCH RD	☐ Repairs	Nitrification Line
Subdivision_Wysdam_Place Tax ID # Number of Bedrooms Proposed:3 Lot Size	Lot #	27
Tax ID #	Quadrant #	
Number of Bedrooms Proposed: Lot Size	: 26,729 5, F	T
Basement with Plumbing: Garage:		
Water Supply: ☐ Well ☐ Public ☐ Community		
Distance From Well:ft.		
Following is the minimum specifications for sewage disposal systematic final approval.		ed property. Subject
Type of system:	ction System	
Size of tank: Septic Tank: 1000 gallons Pump Ta	ank:gallons	
Subsurface No. of exact length of each ditch of each ditch ft.	width of ditches 3 ft.	depth of ditches 30→18 in.
French Drain Required:Linear feet		0.
Date:	9-27-04	11-4-0482
This permit is subject to revocation if site plans or intended use change. Signed	9-27-04 James & M. Environmental He	ealth Specialist
	Contractor	to MEET
	ONSITE	PRIOR
	ONSTIF !	enstallation.
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LP Proparil		
D G HOMES	18	
1. Junior DILEVE		

#04-5-10271R

HARNETT CC ITY DEPARTMENT OF PUB HEALTH AUT... ORIZATION TO CONSTRUCT

Harnett County Department of Public Health, Improvement Permit # 20998. This		
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.		
C		
CURRIN Buildens 919-639-6989		
Telephone #		
Address N.C. 27592		
Property Location SR# Road Name Wyndar hee 27 Subdivision Lot # # Bedrooms Proposed Lot Size		
Road Name		
WYNDANPlines 27 3 ZG725 SET		
Subdivision Lot # # Bedrooms Proposed Lot Size		
TYPE OF SYSTEM		
New Installation [] Repair [Septic Tank [] Nitrification Lines		
Conventional [Tother 25 % Roduction System		
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 Length of lines Ft.		
Width of ditches ft. Depth of ditches 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.		
15028		
Signature of Authorized Agent for Harnett County Date		
Signature of Authorized Agent for Harnett County Date		