HARNELL COUNTY HEALTH DEPARTMENT

HTE 04-5-10517R

IMPROVEMENT PERMIT

21288

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." Name: (owner) Andrew Creyory New Installation Septic Tank Property Location: SR#_15-41 Butto Red. Repairs Nitrification Line Subdivision Lot #

Tax ID #				_ Quadrant # _		
Number of Bedroom	ns Proposed:	3	Lot Si	ze: /Ac.		
Number of Bedroor Basement with Plur	nbing: 📮	Garag	e: 🗹			
Water Supply:	Well Pub	lic				
Distance From Wel	1: 50 in a	ft.				
Following is the m	inimum specifica	tions for sewage di	isposal sy	stem on above	caption	ed property. Subjec
to final approval.						
Type of system:	☐ Convention	al Other	ystyrene	Assesate To	reach J	ystem
Size of tank:	Septic Tank	/000 gallons	Pump	Tank:	gallons	
Subsurface I Drainage Field	No. of ditches 3	exact length of each ditch 60	ft.	width of ditches_3	ft.	depth of ditches 18-20 in.
French Drain Requi	ired:	Linear feet		1./11/20		
			Date:	1./11/20	ON	

This permit is subject to revocation if site plans or intended use change.

* Maintain all setbacks

+ Lunditches on Contour

Signed: Kuy

Environmental Health Specialist

208 + NO DEEPER thousainly A HOWE 70 186 201 JBr

300

HARNETT C NTY DEPARTMENT OF PUI CHEALTH AUTHORIZATION TO CONSTRUCT

authorization shall be	tment of Public H valid for a period	ealth, Improvement Pern not to exceed five (5) year nership, site plans, or in	nit # 2\2Ff	This				
Mane Ovegery			263-2569 Telephone #					
Address	Creek N.C. 2	17506						
Property Leasting SP#		B.45						
Property Location SR#			Road Name					
Subdivision	Lot#	# Bedrooms Proposed	/Ac Lot Size					
-		YPE OF SYSTEM						
[New Installation [] Repair [-]	Septic Tank []N	itrification Lines					
		rene Aggregate Treas						
[] Basement [] With	Plumbing []	Without Plumbing						
Water Supply: [] Wel	1 [Public	Water Supply Minimum	Well Setback: _5~0_	Ft.				
Septic Tank/C	gal	Pump Chamber		gal				
NITRIFICATION FIELD SPECIFICATIONS								
Number of fields	# of lines	per field <u> </u>	gth of lines 60	Ft.				
Width of ditches	ft. Depth of	of ditches 18-20 incl	nes					
French Drain: Linear feet required Depth of gravel								
Harnett County Health	Department has d	or placed into use by any letermined that the systen it and that a valid Operati	has been installed acc	ording to				
Sup Mcl	in l.S.		1/11/2005					
Signature of Authorized Age	ent for Harnett Count	ty	Date					